



**Accountability and social impact measurement for a third
sector supported housing organisation**

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Doctor of Philosophy

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June 2015

Abstract

The concept of social accounting dates back to the mid 1970's as one response within third sector organisations to traditional monetised accounting systems. As third sector organisations face increased funding challenges alternative reporting and measurement systems support information provision within a competitive funding market. A growing accountability movement within the sector supports this increased reporting. Yet, despite a substantial effort towards addressing accountability concerns and taking the fact that social accounting is an important enabler of third sector organisations; the concept of accountability and its role are not well specified or theorised. The focus of much literature is on the theoretical or political determination of a business with the concept of accountability as a mechanism to demonstrate moral obligation. Yet, there are few in-depth studies illustrating the issues in designing, implementing, and using social accounting in practice.

The thesis is set within a third sector supported housing organisation and demonstrates the nature of reflective change and development within a social situation. Hence, the objective of this study was to define a practical model of accountability in respect to 'social accounting' whilst exploring the concept of 'social impact measurement' and its purpose within the case organisation. The study involves theoretical and practical understandings of developing a social impact measurement framework from the initial plan, design, implementation and usage of the framework. This research extends knowledge of accountability practice as cumulative process over time, an understanding of the potential challenges to such development in nonprofits, and draw attention to the complex, interrelated and cumulative relationships between accountability dimensions in practice. The research also illuminates how social impact measurement supports organisational dynamic change and development and the accountability obligation to stakeholders throughout social impact measurement implementation.

The chosen methodological framework takes that of an insider action research approach to offer an explanation of the journey of understanding the theoretical alongside the practical experience. This is achieved through the critical reflection on the development of social impact measurement within the case organisation. The focus is to demonstrate the reflective ongoing process of change and maturation in a social situation in the

workplace within a third sector supported housing organisation. This study highlights the importance of measuring social impact in facilitating and shaping a practical model of accountability in respond to the sustainability of nonprofits within a competitive funding market.

Acknowledgements

This thesis would not have been possible without support and encourage of many great people. I would like to dedicate a few lines to thank all the people that have contributed to the accomplishment of this work.

First of all, my deep gratitude goes to my supervisor Dr Jane Gibbon for her enthusiastic guidance and support in this study. I am also deeply grateful to my supervisor Professor David Campbell for his help and guidance.

I would like to gratefully acknowledge the assistance and support of all the staff at Norcare for helping and supporting me. In particular, Ed Smith and Helen Bowyer, the completion of this study would not have been possible without their commitment and help.

My sincere thanks also go to the ESRC and Newcastle University who have generously supported my case-studentship.

Many others whose names do not appear here are entitled to be thanked for encouraging me with kind moral support during my study.

I give my deepest love and appreciation to my mother and three sisters for their unconditional love and support.

Finally, special thanks are due to my dear husband Amir for his love, patience and encouragement all these years of my studies and throughout our life together.

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Abbreviations

CBS	Community Business Scotland
CESPI	Co-operative, Environmental and Social Performance Indicators
COS	Charity Organisation Society
CPRE	Campaign to Protect Rural England
CSOs	Civil Society Organisations
CSR	Corporate Social Responsibility
DCLG	Department of Communities and Local Government
DTI	Department of Trade and Industry
EMAS	The EU Eco Management and Audit Scheme
ESRC	Economic and social Research Council
HSO's	Housing Support Officers
LM3	Local Multiplier 3
MIS	Management Information system
NCVO	National Council for Voluntary Organisations
nef	new economics foundation
NGO	Non-Governmental organisation
NRF	Northern Rock Foundation
OTS	Office of the Third Sector
QAF	Quality Assurance Framework
REDF	Roberts Enterprise Development Fund
SAA	Social Accounting and Audit
SAN	Social Audit Network
SEA	Social and Environmental Accounting
SEL	Social Enterprise London
SMP	Service and Performance Manager
SMT	Senior Management Team
SOUL	Soft Outcomes Universal Learning
SP	Supporting People
SROI	Social Return on Investment

Section A: Introduction and theoretical perspective

Chapter 1: Introduction

1.1 Introduction

The chapter provides an overview of the thesis. The chapter introduces the research questions and the context of the research objectives, followed by the theoretical perspective of the study. This chapter also briefly describes the chosen methodology to achieve the research objectives. Furthermore, the chapter includes definitions of the key terms used throughout the study, whilst the final section provides an outline of the thesis structure.

1.2 Research questions and objectives

The primary purpose of this study was to explore and understand the lived experience of the social impact measurement process of Norcare Limited, a community based supported housing scheme, between 2010 and 2012 using an insider action research approach. The aim of the investigation was to examine the accountability relationships within the setting of the supported housing sector, whilst determining the mechanism by which an organisation might discharge its accountability obligations to multiple stakeholders. The research explored the concept of the social dimensions of accountability by investigating how Norcare defines accountability obligations in undertaking social impact measurement. Similarly, how different dimensions of accountability acquire meanings within the broader context of social impact measurement in a non-profit or third sector organisation. A stakeholder is defined as “any group or individual who can affect or is affected by the achievement of the organisation’s objectives” (Freeman, 1994, p. 46).

The title of the research is “Accountability and social impact measurement for a third sector supported housing organisation”. The research questions for this thesis are linked to how the social impact/outcome measurement (social accounting) could be developed to evaluate a third sector organisation such as Norcare by an integration of theory and practice. In addition, how a social accounting framework is implemented and what dimensions of accountability are involved within an organisation engaged in social impact measurement. Additionally the organisation’s stakeholders may have an intangible influence on social accountability within this context.

In order to examine and achieve the principal research questions and aims of the research study, the specific objectives of the research are as follows:

- How to understand the concept and meaning of social impact measurement better through developing social accounting within the context of accountability in a third sector organisation.
- How to further develop the best practice of in a social accounting framework to measure social impact (plan, design, implement, and use) for Norcare Limited in facilitating organisational learning and managing its mission by examining the nature, structure and mission of the organisation.
- To define a practical model of accountability and examine how the theory of accountability might be developed to discharge interactive engagement of accountability obligations of multiple stakeholders within the context of Norcare's social impact measurement implementation.
- What framework can be developed and adopted as mechanisms of accountability for social impact measurement as a 'kit' to identify best practice which has potential for adaptation and implementation by similar organisations.

The initiation of current research draws on the work of (Pearce and Kay, 2008) in examining to what extent social accounting and audit has been used by a particular social economy organisation. The background of the research questions are linked to the identified barriers to the practice of and links to the theory of accountability (Gray et al., 1997) through social accounting for social enterprises. The research contributes to (Coghlan and Brannick, 2010) using an in-depth case study of the implementation of social accounting through an insider action research approach within Norcare.

1.3 Contributions to the research

The present study will construct a practical model of accountability and explain how the dimensions of accountability have been mobilised in the development of a social impact measurement framework within the Norcare setting. The study responds to Ebrahim (2003a, p. 814) who challenges researchers to undertake an “integrated look at how organisations deal with multiple stakeholders and competing accountability demands”. Hence, this study is taking up the call for literature to examine all three dimensions of accountability (upward, downward, and lateral) in relation to the influence of an organisations multiple stakeholders in one comprehensive case study by examining the reality in practice.

Non-profit organisations have been seen as valuable vehicles in fulfilling part of the role that was once the sole scope within the public sector of society (Lehman, 2007). Pearce (2005, p. 1) acknowledged the third sector organisation as “a significant sector in the economy” where, the core business of a non-profit is the achievement of social, community and environmental benefits. Accordingly, Ellis (2009) acknowledges non-profits playing a key role in delivering public services. Non-profits are obligated to deliver on their promises (Bradach et al., 2008). According to the study (Harlock, 2013) research on how non-profits are measuring, their impact in the UK is at an initiation stage and has tended to be relatively small-scale in nature means the social impact measurement may not be well documented and is still to find a meaningful and consistent reporting medium.. Hence, the study responds to the lack of empirical exploration within field studies by offering the journey to develop a “framework” of best practice to provide a robust set of social impact measurement framework for the organisation within the supported housing sector, whilst having examined the formal and informal or less formal accountability and transparency criteria upon which these are based. The present research focuses on the social impact measurement process of Norcare. Social impact measurement is a way of demonstrating the extent to which an organisation is meeting its stated goals. Whilst evaluation tools for social enterprise are at an early stage of development they are needed for assessing social capital, citizenship, community cohesion, relational assets, social well-being, quality of life and social and economic regeneration of communities as the existing theorisation with which to assess successful implementations remains immature. This research will recognise the developments in Social Accounting and Audit (SAA) (Pearce and Kay, 2008) and the Outcomes Star tool¹ as contributing to developments within the field of third sector evaluation.

The present research responds to calls to investigate different organisational settings in order to examine broader aspects of accountability (Roberts and Scapens, 1985). The research aimed to make a substantial contribution to the practice of social accounting and provide another addition to empirical research within the SEA (Social and Environmental Accounting) literature as well as making a contribution to the non-profit sector accountability and social impact measurement literature. The findings of the

¹ The Outcomes Star has been developed by Triangle Consulting and the London Housing Foundation. It is widely used by ‘Supporting People’ providers across the UK (Homeless Link, 2011).

study may interest similar third sector organisations in the supported housing sector and local government policy makers through engagement with and examination of theories in the use and contribution to knowledge beyond the immediate circumstance of the study.

Within the UK, there has been a shift within both the third sector and specifically providers to the homeless. Since 2003, developments have included the outcome funding approach and accountability mechanisms for providers, creation of a new market of social welfare to tackling homelessness, strategic responsibility of local authorities, and a strong focus on prevention for the homelessness sector (Van Doorn and Kain, 2003). The broad aims of this research were motivated by the overall strategy of the UK government for the third sector with regard to addressing the measurement of individual third sector organisational impact on people and society, based on their size and characteristics. David Cameron, (2008, cited in Wood and Leighton, 2010, p. 16) on his speech to the CPRE (Campaign to Protect Rural England) declared:

“The next Conservative government will attempt to establish a measure of social value that will inform our policy-making when in power, when making decisions and ministers will take account not just of economic efficiency, but also social efficiency” (Cameron, 2008, cited in Wood and Leighton, 2010, p. 16).

Research and development in social accounting and impact/outcome measurement has a history of more than thirty years. Social reporting is an important tool to support organisational learning, improving internal and external performance of the organisation, increased transparency and accountability, improve both the reputation of an organisation as well as the welfare of society, and improving stakeholder dialogue (Gond and Herrbach, 2006). The on-going UK government strategy in the last decade (Byrne² and Brennan³, 2009; Office of the Third sector, 2006) has been driven by the demand to clarify non-profits performance measurement and provide transparency (O’Berg and Mansson, 2011) which causes changes in social impact measurement over time. Reflecting changing role and perceptions of the third sector (Arvidson, 2009),

² Minister for the Cabinet Office in 2009.

³ Minister for the Third Sector in 2009.

which brings cultural changes within third sector organisations (Matarasso, 1996) in response to the sharing of social impact results with their stakeholders and the public. In the last decade, there has developed a growing interest in the measurement and understanding of the impact of civil society (Zappala and Lyons, 2009). The TRASI-database (Tools and Resources for Assessing Social Impact), contains more than 150 different tools and approaches for measuring social impact, is an indicator of the effort that has been dedicated to this topic (O’Berg and Mansson, 2011). Nevertheless, there are still debates around the more transparent and inclusive measurement of social impact on “perspective, purpose and approach” (Clark et al., 2004), and arguments on developing definitions and methodologies (Gray, 2001; Owen et al., 2000), and on-going barriers to social impact measurement as a result of different definitions of outcome and impact (Clark, 2009). There are also on-going debates on a need to develop common ways of measuring impact for charities working with similar groups and working towards similar goals, as there are no ultimate measurement model and reporting frameworks for social accounting and audit systems (O’Berg and Mansson, 2011; Pearce and Kay, 2008). On the other hand, many organisations emphasise there is not even a need for an ultimate measurement model, as bespoke models can provide more accurate and relevant information (O’Berg and Mansson, 2011). In addition, there are needs of better recognition for those who create social and environmental value, leading to more efficient movement of resources to the right people, in the right place, at the right time (Byrne and Brennan, 2009). There are a small portion of community based organisations within the UK that collect outcome and impact measurement data using some form of social accounting (for external or internal evaluation) (Harlock, 2013; Pearce and Kay, 2008).

The research responds to calls within the social accounting literature to develop social accounting and accountability at a community level and fieldwork exploration in community based organisations (Owen et al., 2000). The study complements requests by researchers to consider accounting and accountability as a social phenomenon involving the wider community and to construct critical and democratic pathways to accountability and strategies for sustainability (Lehman, 1999; Gray et al., 1996). Whilst also responding to the limitations of research investigating organisational change due to formal and informal accountability forces as a result of social impact measurement (Arvidson, 2009).

The research explores the extensive literature in social accounting to develop, build, refine and examine the mechanisms of accountability with implications for both theory and practice. The purpose being to improve both communication and accountability in practice for Norcare and this could be more widely applicable to third sector organisations whilst being developed within a sector specific context, i.e. the supported housing sector.

1.4 The case organisation's profile

Norcare Limited ⁴ is a North East UK based leader in the provision of supported accommodation. Norcare Limited is a charity and a company limited by guarantee, established in 1984 in response to a call from the UK Probation Service that offenders released from prison ended up on the street and were subsequently at risk of re-offending. During 2011-12 Norcare had a gross annual turnover of approximately £3.4 m, with 73 employees and up to 20 voluntary Trustees (Norcare, 2010). The strategic policy direction of the organisation is made by the Board, which normally meets six times a year. The company provides a range of support services and accommodation such as: supported housing, bed spaces and floating support services to 250 service users at any one time. Their service users are individuals aged 16 and over who are currently socially and economically excluded for a variety of reasons, including: young homeless people, ex-offenders or those at risk of offending, people who misuse drugs or alcohol, people who experience mental illnesses, women and families fleeing violence and veterans with support needs. Norcare operated in the following areas within the North East: County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland during the time-scale of the research.

1.4.1 The case organisation involvement with the current study

The initiation of the social impact measurement project for Norcare can be traced back to 2007 and since then Norcare has been engaged in a programme to better identify the 'social value added' of its services. In 2008 the organisation implemented a pilot scheme using the 'Outcomes Star' measurement tool of 'distance travelled' by service users, motivated by a need to capture and demonstrate their social value to external parties such as their commissioners. Norcare were then better able to defend their role in public service delivery and justify funding more effectively through measuring and communicating their 'social value' within the community.

⁴ A detailed background can be found in chapter four.

During 2009, Norcare established a link with Newcastle University and agreed to support collaborative research as the case organisation for this study. The case organisation was chosen because of their willingness to participate in the research study due to the organisation recognition and acknowledgment to the importance of the social impact measurement and social accounting report. The aim of Norcare in developing the link through the research was to further develop their social impact measurement and fulfil their need to prove they make a difference within their community and help vulnerable people in the North East as well as improving their service. In light of the above, the overall aim of the research at Norcare was to develop a form of social impact measurement that included many existing reporting tools and frameworks.

1.5 Theoretical perspectives

The ontological and epistemological assumptions of the research significantly influence the methodology employed and therefore the outcomes of any research (Burrell and Morgan, 1979). To evolve an understanding of the theoretical alongside the practical experience of developing social impact measurement and demonstrate the reflective change within the organisations thought the process, the chosen methodological model was that of an insider action research approach. The approach taken is congruent with Gadamer's (1975) hermeneutics.

Philosophical hermeneutics is mainly defined as 'the theory and practice of interpretation' (Alvesson and Skoldberg, 2000; Crotty, 1998; Llewellyn, 1993). Gadamer (1976) defines hermeneutics as a continual process of understanding by considering both subjective and objective stances for interpretation. According to Gadamer (1975, p. 261) the circle of understanding "is not a 'methodological' circle, but describes an ontology structural element in understanding". Gadamer (1975) believed that the hermeneutic circle of interpretation is never closed, but is ongoing, with movement of understanding of the whole, to the part, and back to the whole. This required prejudgments as part of the interpretive process of hermeneutics which Gadamer called "fusion of horizons" (1975, p. 367). The philosophical hermeneutics of Gadamer (1975) provides the theoretical basis for the choice of the methodology and acknowledges the theory and practice of accountability through social accounting for community organisations (Gibbon, 2010; Arunachalam, 2010).

The interpretive methodology provides interpretation, and/or understanding of the social meanings of participants (Searcy and Mentzer, 2003). Researchers are exploring the participant's understanding of actions and cultural objects by applying an interpretive view (Crotty, 1998). An insider action research approach through an interpretive lens underpinned by Gadamer's interpretive philosophy is being used in this study. Hence, the research aims to enrich and deepen understanding by interpreting how organisations understand the construct and practice of social impact measurement in relationship with various stakeholder groups to discharge accountability. Based on the claim of Gadamer that the act of understanding is always an act of interpretation, the practice of social impact measurement can be better studied through hermeneutics as an interpretive lens compared to a traditional action research that takes a more positivist research approach.

Accountability is a complex and abstract concept which can be understood in a variety of ways (Lakoff and Smith, 2007; Bovens, 2005; Walker, 2002; Mulgan, 2000) and it becomes more complex when applied to non-profits, where the circle of accountability is not clearly bounded (Balser and McClusky, 2005). A review of the accountability literature develops an understanding of approaches to accountability and provides the central theoretical framework and the link between the different philosophical assumptions underlying these approaches with the chosen methodology. The literature used to support the study is broadly within the areas of social and environmental accounting, accountability, social accounting and third sector accountability. Ospina and Dodge (2005) claim to have generated empirical data of accountability through an interpretive lens which may inform theoretical constructs. As this research is concerned with how the organisation implements accountability through capturing the social impact/value, or how the organisation's discharge accountability to multiple stakeholders within the dynamic, supported housing sector. Accountability provides a suitable theoretical perspective for understanding the meanings composed by the organisation and its stakeholders. To better understand and assess accountability in the socially constructed environment and in practice, a relevant theoretical concept of accountability will be explored. Humphrey and Scapens (1996) view the theory as an alternative consideration of reality.

1.6 Research approach

The present research seeks to develop an understanding of the practical development of social impact measurement and its relation with accountability by following the central

views of an insider action research approach (Zuber-Skerritt and Perry, 2002) to fulfil the duality of the study aims at advancing knowledge in the field and solving issues for the case organisation.

This study responds to the lack of qualitative interpretive and critical studies in mainstream accounting research and mainly need for action research (Parker, 2014; Baker, 2000; Baker and Bettner, 1997). Parker (2014) claims the business disciplines remain in the grasp of the dominant positivist quantitative research paradigm, where often has little impact on the real world situation. However, action research seeks not only the achievement of useful knowledge but effective changes in organisations and society. Therefore, in the qualitative research, theory and data must be considered within a mutual relationship that offers researcher multiple routes to exploring previously unknown meanings and understandings (Parker, 2014). The best way to gather the type of data used within this study is through a qualitative approach (Garbarino and Holland, 2009), by linking social problems and the underlying theories used to explain and resolve the problem. The research aims to investigate the accountability relationships within social impact evaluation and measurement of an organisation. The chosen methodology creates the opportunity for a more reflective empirical study of how and why social impact measurement develops by involving real problems within the system through the iterative cycles of: problem identification, planning, acting, and evaluating. This study includes real events that must be managed in real-time, which provides an opportunity for both effective action and learning about what really happened in the organisation (O'Brien, 2001).

Action research is focussed on integrating theory with practice through an iterative process of problem diagnosis, action intervention and reflective learning (Argyris et al. 1985). The purpose of using an insider action research approach (Reason, 2006) was to add to previous work linking the theory and practice of accountability (Gray et al., 1997) through social accounting for social enterprises. This action research approach contributes to the 'flourishing of individuals and their communities' (Coghlan and Brannick, 2010, p. 5).

The focus of this study was change and development within a social situation, the organised workplace in terms of the development of social impact measurement, and a reflective interpretation of the development process of social accounting. The action

research approach to conducting inquiry in the organisation has been adopted as the primary method to understand the organisational change and development process (Burke, 2002), where change can be seen as a spiralling process in which practitioners attempt to understand ‘the context, take action, and understand what happened’ (Weick and Quinn, 1999). The spiralling process occurs in multiple overlapping cycles. Action research is a specific way of thinking about and acting in human inquiry, a world-view which expresses itself in a particular set of practices, and a collaborative process of mutual and liberating inquiry (McArdle and Reason, 2008). The potential of solving problems by action research exists in the creation of mutual understanding and learning in and through dialogue, critical reflection, and action (Maurer and Githens, 2010). Moreover, action research is a process of problem diagnosis, active intervention, reflection and learning (Argyris, 1993).

Action research formed the core of the study, which was carried out as fieldwork with the involvement of the author as an insider action researcher. The fieldwork includes within the case study: participant observation, participation and report production. The reflective element of this research was developed using a diary, from participation in the organisation and from others within the social housing sector. The author conducted both the development of social measurement and a reflective interpretation of the development process of social accounting that addressed the accountability concept through the use of a reflective diary. One of the principles of action research that is mentioned by Somekh (2006) is that action research is conducted by a collaborative partnership of participants and researchers. Therefore, it was anticipated that all these characteristics of action research would be incorporated within involvement with the organisation over the period of the research. Furthermore, data collection achieved through multiple methods and observations aims to address reliability and validity threats to overcome any data access limitation (McKinnon, 1988). The project was participative through involvement with Norcare as the themes of lived experience using action research as a way of knowing (Reason, 2006) and as a way of understanding the relationship between the self as a researcher and other as organisational participants and the wider community (Park, 1999). The project was set within the qualitative paradigm; however, some evidence of change was collected by quantitative methods. The analysis and reflection on the data occurred throughout the data collection period.

1.7 Outline of the research

The current thesis is structured into seven chapters (Figure 1) within four sections.

Section (A) includes the introduction to the thesis in chapter one and chapter two where the theoretical and practical perspectives of social impact measurement are explored. Chapter two contains an overview of relevant literature supporting current theory and practice of social impact measurement. The chapter also considers the concept of accountability within the context of third sector organisations.

Section (B) covers the research approach of the study. Chapter three outlines the principle research methodology of hermeneutic and reflexive insider action research and the methods used to investigate the experience of how the organisation engaged with and implemented social measurement. The chapter covers the research aims and model of the research design and progress along with justification of the current research setting and participants.

The empirical findings and data analysis of the current research are described in section (C) through chapters' four, five and six. Each of these chapters describes the planning, action taken, data collection, evaluation, and reflection for all three cycles within the study. The structure of chapter four reflects the initial stages: establishing contact and the background to the study through the presentation of the first action research cycle that took place during the period of January to July 2011. Cycle one involved groundwork of the development of outcomes measurement. Chapter five includes cycle two that the implementation and development of the outcomes measurement framework between August and December 2011. Whilst chapter six covers the third cycle during January to July 2012, when the first outcomes report was produced by Norcare for external stakeholders.

Finally, section D includes chapter seven with the conclusion and an overview of the findings. The chapter explains the contributions of the research to theory and practice. The chapter also explores the areas for further research. Figure 1 outlines the structure of the thesis.

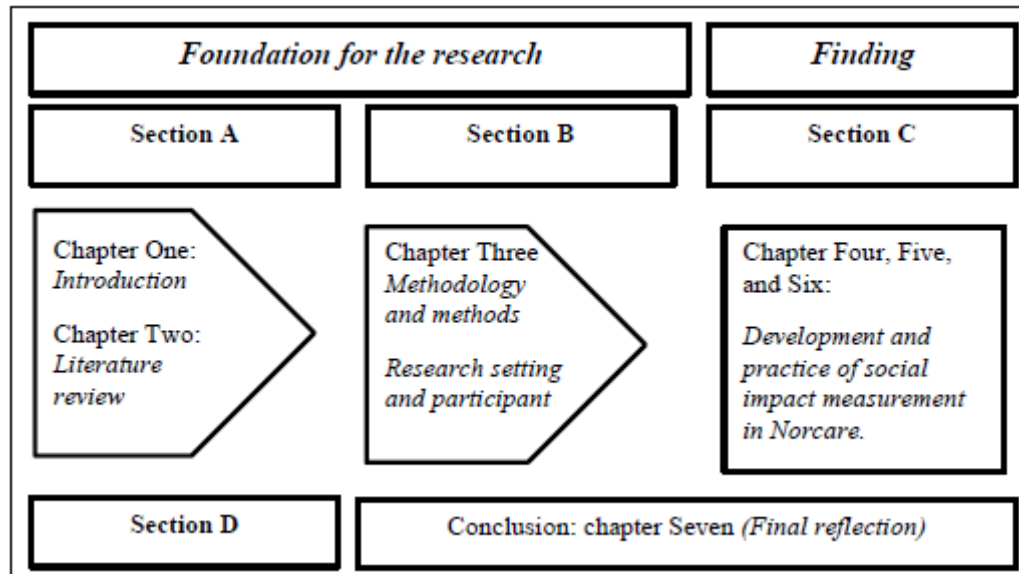


Figure 1- The structure of the thesis

The current thesis structure is of four sections A-D, there are seven chapters within these sections.

1.8 Summary of the chapter

This chapter has provided an overview of the thesis that includes the aims and objectives of the study, the research questions and approach used. The aim of the study was to capture the lived experience of the case-organisation when developing and implementing social impact measurement. Whilst investigating the relative organisational changes that occurred due to the interactive engagement of different dimensions of accountability. The importance of the research and its contribution to both academic research and practice has been demonstrated. The definitions of key terms that are used in the current research are provided. The chapter has outlined the methodology employed to achieve the research objectives within the current research, these are discussed further in chapter three. The final section of this chapter gave an overview of the structure and outline of each section and chapter within the thesis. The thesis will proceed with a detailed investigation of the underpinning literature for the research in the next chapter.

Chapter 2: The theoretical and practical context of social impact measurement

2.1 Introduction

The chapter reviews both theoretical and practical aspects of accountability within the context of social impact measurement. More specifically, the accountability relationships of third sector/non-profit organisations are reviewed with a specific focus on the influence of stakeholders and resource interdependencies of non-profits.

The chapter is structured in three sections: first, it provides an overview of the definition of accountability that arises from broader concerns with an emphasis on the concept of social accounting. In detail, different dimensions of accountability in the context of non-profit organisations will be discussed. This chapter then describes the social dimensions of accountability within social impact measurement when applied to a third sector organisation through the identification of barriers to the practice of the model and links to theory of accountability. Similarly, the influence an organisation's stakeholders may have on intangible social accounting within the context is explored. Second: the concept of social impact measurement and social accounting is also examined, in relation to how the implementation of impact measurement can affect the range and type of accountabilities used within an organisation engaging in social measurement. The use of various impact measurement methods for the delivery of social impact measurements within the context of non-profits and, to what extent they are used in the UK setting and the advantages and limitation features, will also be discussed. The concluding section presents a view of current social impact measurement practice within the supported housing sector in the UK and the relevant approaches that are adopted by the sector.

2.2 An overview of accountability definition

Accountability is subjectively constructed (Sinclair, 1995) and, unquestionably, accountability is a complex and abstract concept which can be understood in a variety of ways (Lakoff and Smith, 2007; Bovens, 2005; Walker, 2002; Mulgan, 2000) and it does have discipline specific meanings (Cooper and Owen, 2007). As a result, based on the core function of organisational context, such as the market, the state (public sector) and non-profit organisations, the different types or forms of accountability have occurred (Goodin, 2003). Likewise, a definition of accountability depends on the standpoint of whoever attempts to define it (Walker, 2002). Accountability is outlined in regard to questions of organisational 'transparency, responsiveness, ethics, legitimacy and

regulation', whether in relation to governments, corporations, non-profits or other organisations by diverse definition (Bakker, 2002).

The process of being called 'to account' to some authority for one's actions is a common agreement in any accountability definition (Gray, et al., 1997; Roberts and Scapens, 1985). In a broader sense, the definition of accountability can be viewed as 'responsibility' that has been emphasised in a number of ways by scholars (Bovens, 2006; Mulgan, 2000; Fox and Brown, 1998; Gray et al., 1997). These responsibilities can be acknowledged in three dimensions: holding to account (accountability with sanctions); giving an account (explanatory accountability); and taking into account (responsive accountability) (Leat, 1990).

The above-mentioned definitions can be described and understood by two contrasting and complementary approaches as "accountability as answerability" and "accountability as managing expectations" (Acar et al., 2008, p. 4). The former is emphasised in all dimensions on the control aspect of accountability through bureaucratic behaviour/controllability (Bovens 2006; Lupia, 2004; Mulgan, 2000). This dimension of accountability can also be defined as an external reactive process that is defined (Ebrahim, 2003a) as a dimension such as, legal accountability, in terms of "an obligation to meet prescribed standards of behaviour" (Chisolm, 1995, p. 141). The latter accountability goes beyond answerability and deals with diverse expectations of internal and external stakeholders that reflect multiple, diverse and changing accountability relationships, see for example, professional ethics and behaving responsibly (Acar et al., 2008). Whereas, a proactive internal approach, is derived by 'felt responsibility' (Fry, 1995) as conducted through individual action and organisational mission (Ebrahim, 2003a) with accountability moving from a reactive to a proactive stance. Bendell (2006) emphasises responsibility as willingness and suggested 'giving an account', while the obligation is about 'being held to account'. The external aspect of accountability is seen as a formal social interaction and exchange that implies the right of authority whereas the internal aspect is a 'moral responsibility' (Day and Klein, 1987) that can be described as 'morality and professional ethics' (Bovens, 1998).

Another view of accountability can be described as a dialogue (Mulgan, 2000; Gray et al., 1995; Day and Klein, 1987) focusing attention on the importance of the dialogue

within accountability. Roberts (1996) mentioned dialogue as “a process and practice of accountability”, where he defined accountability as:

“[...] a form of social relation which reflects symbolically upon the practical interdependence of action; an interdependence that always has both moral and strategic dimensions” (Roberts, 1991, p. 356).

Thereby, accountability is a combination of obligations and mutual rights in a form of both a formal order and a moral order (Dixon et al., 2006).

Accountability can also be described in terms of general dimensions as the ‘subject’ and ‘mechanism’ of itself (Goodin, 2003). The subject refers to ‘what people are accountable for’ and accountability mechanisms refers to the tools that work for securing actions, results or intentions of people, which are accountable. These are in three forms: through an authority relationship; through the clash of interests and, perspectives; and the intentions mechanism of accountability that operates through praising a shared culture of norms, values, goals, and principles in the similar manner (Goodin, 2003). Ebrahim (2003a) also delineates a difference between accountability mechanisms: tools, such as disclosures and reports e.g., social accounting and audit reporting; and processes, such as participant and self-regulation. Therefore, based on definitions of accountability Costa et al. (2011) suggest that accountability includes two different, but related responsibilities, i.e. the obligation to commit a certain action and the obligation to provide an account for those actions.

2.2.1 Non-profits accountability

There is a growing accountability movement within the non-profit sector (Brody, 2002). As Lindenberg and Bryant (2001, p. 209) emphasise that “accountability is the central issue of our time” whilst Bradley (2007) claims that nowadays non-profits are expending a significant amount of time, effort and resources towards addressing concerns about their accountability to various stakeholders.

Non-profits/third sector organisations that are central to this study are defined by the UK Cabinet office, Office of the Third Sector (2010) as:

“A diverse, active, and passionate sector where organisations in the sector share common characteristics of non-governmental, value-driven, and principally reinvest any financial surpluses to further social, environmental or cultural objectives” (Office of the Third Sector, 2010).

The term encompasses voluntary and community organisations, charities, social enterprises, cooperatives and mutual both large and small. In this research third sector organisations include any described as a charity, voluntary organisation, a non-profit organisation a community based organisation, social enterprise, civil society organisation⁵ and mission driven or values led organisation⁶. The third sector can also be recognised at both a local and at wider community levels.

A review of the social accounting literature for non-profit organisations reveals a diversity of accountability in both theory and practice, which makes the concept of accountability become more complex when applied to non-profits where the circle of accountability is not clearly bounded (Balser and McClusky, 2005). Costa et al. (2011) claim that as the final goal of a non-profit consists of producing social value (Dolnicar et al., 2008) therefore the accountability of non-profits is a key element in understanding social value contribution within complex and dynamic environments that include multiple stakeholders.

Multiple stakeholders with multiple interpretations, interests and values claim to be a reason for accountability to be complex and problematic (Ebrahim, 2005; Gray et al., 1996), where the relationship between members of society and society itself, i.e. the ‘social contracts’ is varied. Therefore, as a result of a lack of clarity on questions of ‘accountability to whom and for what’ (Stone and Ostrower, 2007) in relation to multiple stakeholders, and ‘broadened’ accountability (Morrison and Salipante, 2007), there are a lack of blueprints as to how non-profits accountability mechanisms could be designed and implemented (Valentinov, 2011). Hence, discussing accountability within the non-profit sector is problematic (Connolly and Hyndman, 2004). One conception of

⁵ “The term civil society to refer to the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations. Civil Society Organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labour unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations” (The World Bank, 2013).

⁶ Organisations that are exist to improve life for people, communities, local economies, and the environment (Homeless Link, 2007).

accountability relationships is provided by Romzek (1996, p. 111) as “multiple, diverse, conflicting, and fluid” whilst another is provided by Behn (2001) as a notion of 360 degree accountability for performance that highlights the choices to be made when managing for accountability and organisational responsiveness in the public sector. As a result of the operational environment of a non-profit organisation that is complex in respect of their nature with a wide range of stakeholders various types of accountability facing non-profit organisations including “fiduciary, legal, professional and an obligation to preserve and serve the public good” (Balser and McClusky, 2005, p. 295). As follows, the accountability requirements for different types of non-profits are fundamentally varied (Ebrahim, 2003a), where each dimension of non-profits requires a different kind of accountability (Brown and Moore, 2001).

Hence, accountability for non-profits can be defined as a social relationship in which an actor feels a responsibility to demonstrate and to defend their behaviour to some authoritative other (McCandless, 2001; Lerner and Tetlock, 1999). Whereby, Kreiner (1996, p. 97) claims that the accountability as a social process in which acts, judgement and accounts are produced interactively by extending in time, through “the idea of mutuality”.

2.2.2 Multiple accountabilities in non-profits

Non-profit organisations are subject to assorted accountability expectations from different stakeholders that build multiple dimensions of accountability. Accountability has been observed by multiple actors who require responsibility and accountability from an organisation. In response to demand for transparency and accountability, three broad sets of stakeholders that non-profits are responsible for are: patrons, clients and the organisation themselves (Ebrahim, 2005; Najam, 1996).

Patron or funders accountability has also been called “upward” accountability (Edwards and Hulme, 1996) and generally refers to being held accountable to a financial obligation with regard to relationships with donors, foundations and governments (Lee, 2004). Ebrahim (2005) claims that the concept of accountability in regard to being ‘held responsible’ by external actors and ‘taking responsibility’ for oneself (Cornwall et al., 2000) is relevant to the relationship between non-profits and their funders (Benjamin, 2008). Upward accountability is mainly ensured through the use of reporting, auditing and monitoring activities (Ebrahim, 2003a).

The other form of accountability is defined as “downward accountability” (Edwards and Hulme, 1996) for example, accountability to a client. Downward accountability is defined as the relationship with a “group whom non-profits provide services” (Ebrahim, 2005, p. 60). Unlike upward accountability that determines responsibility to external forces (Christensen and Ebrahim, 2006), downward accountability is more related to felt responsibility and refers to organisations claims of moral legitimacy to their beneficiaries and local community (Edwards and Hulme, 1996), which, is built mainly on a conceptual basis (Ebrahim, 2003a; Najam, 1996). Accordingly, in downward accountability there is a low-level of standardisation, ‘less tangible and time bound’ (Ebrahim, 2003a, p. 815) and the mechanism is more involved with delivering the process (e.g., participation and self-regulation) rather than utilising tools (e.g., disclosures and report) that can be utilised over a limited extent (Christensen and Ebrahim, 2006). Therefore, downward accountability processes “emphasise a course of action rather than a distinct end result” (Ebrahim, 2003a, p. 815). However, there is criticism in literature regarding lack of downward accountability concerning non-profit beneficiaries (Jordan, 2007). Likewise, Brody (2002, p. 478) states that “the most important constituent of the non-profits ‘the beneficiary’ is often the least empowered”.

In addition to upward and downward accountability, the need for organisations to strengthen internal accountability has increased over time (Ebrahim, 2003a; Dubnick, 1998). The final part of the accountability dimension relates to any organisation, which includes accountability within its mission (Najam, 1996). Lateral accountability also includes internal stakeholders e.g., the Board of directors (Green and Griesinger, 1996), members (Friedman and Phillips, 2004) and, staff of the organisation (Ebrahim, 2005). Upward and downward accountability can be best performed by having solid lateral accountability mechanisms in place (Christensen and Ebrahim, 2006). The last approach presumes that non-profits look upon the need to protect the public trust by “taking internal responsibility for opening themselves to public scrutiny” (Ebrahim, 2003a, p. 815).

Non-profits are responsible and accountable to all those upon whom their action has an impact (Unerman and O’Dwyer, 2006), in terms of effectiveness that address the non-profits capability to maximise their social value (downward and internal accountability) (Ebrahim, 2003a, Moore, 2000) and their efficiency to economic and financial

equilibrium (upward accountability). However, the complexity of the value propositions of non-profits demands the debate between different accountability dimensions which, create challenging environment for non-profits to confer “among themselves and with their own particular set of stakeholders appropriate criteria, measures, and interpretations of success in ways that respond to the organisation’s history, values, and mission” (Morrison and Salipante, 2007, p.199).

2.2.3 Accountability in relation to complexity of stakeholders in non-profits

That accountability is a relational concept among organisational actors integrated in a social and institutional environment (Dixon, 2006). Ebrahim (2003a) emphasises, the formal mechanism of accountability (upward) i.e. financial performance is more developed than an informal mechanism to respond to downward and internal accountability dimensions. Information requested by stakeholders followed by information collected and reported by an organisation is a response to the formal accountability to the stakeholders who are in direct contact and power (Gray et al., 1996). Larner and Craig (2002) argued that non-profits, especially small to medium size are vulnerable in contracting to funders and policy makers as they are not holding the political power.

Thereby,

“The challenge for non-profits, especially those operating in the public sector, and relying heavily on government funding, is to manage competitive grant funding without sacrificing mission imperatives” (Dolnicar et al., 2008, p. 108).

Avina (1993) and later Brown and Moore (2001) also underlined that non-profits accountability systems arise from the complexity of stakeholders with concerns about non-profit development. They address the pressure on non-profits as a short time functional and long-term strategic accountability (Avina, 1993). Functional accountability concerns accounting for resources, resource use, and immediate impact. Strategic accountability concerns the impact of non-profits activities on the wider environment and the action of other organisations on long-term structural change (Ebrahim, 2003a).

Although non-profits are morally obligated to society (Behn, 2001), power becomes an important element in relation to who is able to hold whom accountable (Ebrahim, 2005).

The accountability power relations are unavoidable and necessary (Chambers, 2005). Mulgan (2000) argued the majority of approaches to accountability are controlling an organisation from outside that includes three core elements of accountability: 'external scrutiny, social exchange and, right of authority'.

A central role in non-profits relationships is based upon resource independence where non-profits are financially dependent on restricted external sources (Ebrahim, 2005), that consciously dominate patrons' (funders') accountability (Oakes and Young, 2008). Whereby, accountability moves from morality to a strategic issue (Benjamin, 2008) as non-profits are influenced by funders as both a resource and a process of using the resource to achieve objectives in the form of contract framework. Hence, it will dominate an organisation's mission achievement (Young, 2002).

Studies in the US (Bradley, 2007) argue that non-profits tend to be more responsive to stakeholders who have the most power over the non-profits, such as government agencies as a contracting authority, are increasingly becoming a key financial stakeholder. Hence, accountability is a "vital mechanism of control" (Uhr 1993, p. 6) by taking into account that accountability and control are closely connected. Resource interdependency of non-profits with donors and government is focussed upon upward accountability over other forms of accountability (Ebrahim, 2007). Consequently, non-profits tend to be more responsive to upward accountability and stakeholders who have the most power over non-profits (Bradley, 2007). The non-profits have a strategic interest in upward accountability in satisfying the reporting demands to prove the legitimate use of resources provided by their funders.

As a result, the motivation for third sector organisations to monitor and report is not necessarily driven by a demand for transparency and accountability (Gibbon, 2010). Whilst Bull and Crompton (2006) acknowledged that although many organisations are beginning to make themselves more accountable in terms of their social value, however, not many were measuring impact other than a reactive state for funding purposes. According to the research by Hug (2010), upward accountability is becoming the central essence of numerous studies (e.g., Chalhoub, 2009; Benjamin, 2008; O'Neil, 2007; Christensen and Ebrahim, 2006).

Interest in social impact measurement in recent years has increased due to pressure from funders and policy makers (Arvidson and Lyon, 2013). A survey by Ellis and Gregory

(2008) found that non-profit organisations believe there is an increased requirement from funders for evaluation and control in recent years. In addition, reporting and the provision of evidence to prove outcomes is an increasing requirement by funders to secure grant funding from local authorities, government departments and charitable trusts within a competitive market. In recent years, most voluntary organisations have begun to undertake some sort of internal evaluation, often at the insistence of funding agencies to prove the concept of ‘value for money’ (Ostrander, 2007). Zimmermann and Stevens (2006) indicate that the main motivating driver of organisations to conduct performance/impact measurement is based on external demands. This means that non-profits have to be adaptive to any changes in political climate (Mulgan, 2000). Although the literature on impact measurement in the non-profits emphasis transformed towards ‘outcomes based commissioning’ (Wimbush, 2011; Ellis and Gregory, 2008), the evidence shows (Cunningham and Ricks, 2004) that the increased competition for funding pressures increase the need for organisations to distinguish themselves often through quantifiable tools with economic indicators. As Westall (2009) implies, monetary value and monetisable outcomes have tended to overshadow images of value, in terms of motivations, beliefs, and ‘valued’ activities, and how these may be created and/or supported by non-profits.

The accountability of non-profits continues to focus on intentions that are involved in mutual monitoring, where they are accountable for both actions such as legalities and their performance objectives (Goodin, 2003). Likewise, Oakes and Young (2008) argue that non-profits accountability relationships are more hierarchical rather than mutual and reciprocal. For instance, non-profits in the UK are accountable to the Charity Commission that is responsible to Parliament, which has an obligation to the electorate, (Goodin, 2003). Hence, despite increasing numbers of organisations attempting to capture their social value and make themselves more accountable, the majority of organisations found to be measuring impact are doing it for funding purposes (Bull, 2007).

Accountability has become essential for non-profit organisations as governments affect their funding by establishing criteria dependent on the capability to prove that specified objectives have been fulfilled. Accountability over time has broadened from a single financial ‘bottom line’ accountability to account for a ‘triple bottom line’ accountability, traditionally reporting on non-profits followed the private sector accounting approaches

that dominated 'bottom-line' accountability where non-profits requested to provide a report mainly on the money raised and spent (Slim, 2002). However, there are challenges for clearly defined accountability models in non-profits. Costa et al. (2011) have identified a number of challenges that include only activities with a long-term focus can have great influence on the mission and, social accountability fulfilment of an organisation. Also, there is a threat of measuring impact areas that are more easily evaluated, but which require less resource and do not have a significant impact on stakeholders (Costa et al., 2011). Non-profits not only need to be accountable to stakeholders for their financial sustainability and for the social impact of their activities in regard to their mission, but also they need to show their impact on stakeholders and society at large in performing their social mission (Costa et al., 2011).

Within the literature, accountability has a diverse range of meanings but with a less extensive, but still clearly identifiable set of practices (Shearer, 2002) and Gibbon (2010) argues practice is more complex than theory. The theoretical concept of accountability has moved much faster than the reality in practice. Andreaus' (2007) accountability model bridges the gap between the theory and practice by categorising the accountability relationship between three accountability responsibility dimensions: economic, social and mission accountability. In Figure 2, Andreaus (2007) acknowledged that non-profits need to consider all of them at any time in regard to their stakeholders. He argues that economic sustainability is a device that helps an organisation to achieve institutional purpose (mission) and, maximise its social value. Social accountability is a moral end, which is not fully achieved until the socially oriented mission is both integrated into the strategy of a non-profit and it is accountable for it. The last dimension (Figure 2) is to include social value creation as a core institutional purpose that includes the accountability of a non-profit within their consistent approach to considering their underlying values and mission within all their activities and achievements (Costa et al., 2011).

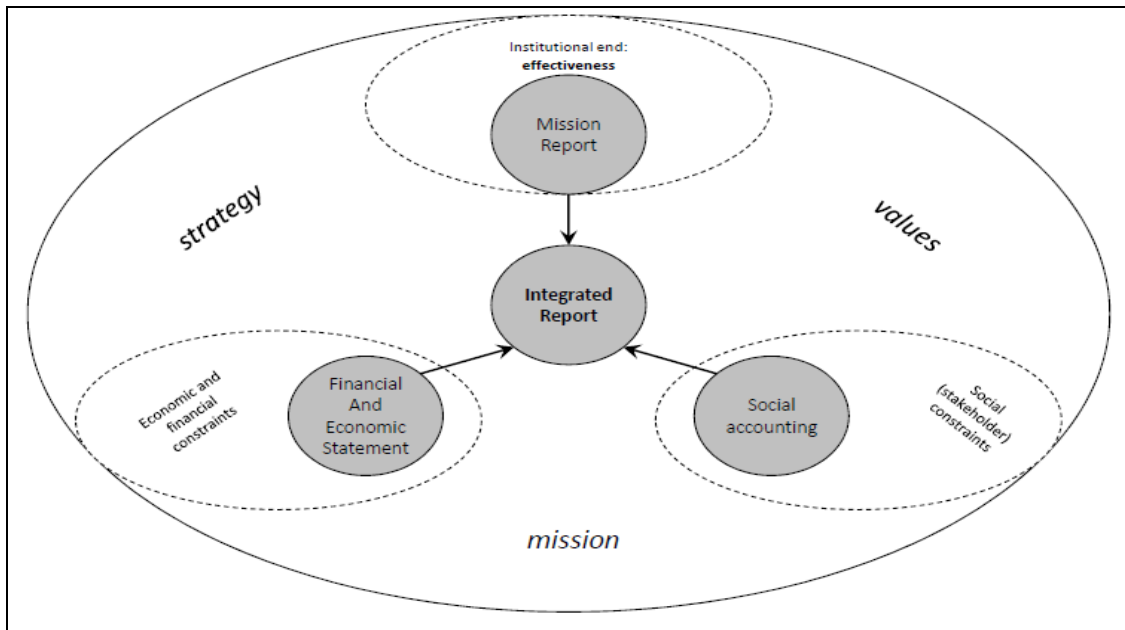


Figure 2- The strategic and accountability hierarchy in non-profits (Andreaus, 2007)

Three dimensions of accountability and integrated reporting: economic (upward), social (downward), and mission responsibility (Andreaus, 2007).

The need to include a social dimension of accountability (Andreaus, 2007) that can be defined as a social outcome/impact measurement (social accounting) is primarily to learn and manage an organisation's mission (Buckmaster, 1999). The use of financial indicators provide a limited measure when capturing the value of contributions from a non-profit organisation, broader measures of success that include values and mission are needed (Dolnicar, et al., 2008).

Hence, for the social dimension of accountability through social impact measurement of services, non-profits are required to consider all three dimensions of accountability as upwards, downwards as well as internal accountability. Non-profits need to be able to combine these multiple accountabilities in order to be both responsive and have knowledge of the organisation, whilst developing an understanding of their stakeholders (Gibbon, 2010). The development of social accounting is hugely reliant on which form of different accountability (e.g., formal, informal, mix) may take place within non-profits. Theorising accountability is essential to the procedure of doing social accounting as by understanding accountability an organisation is able to focus on what the stakeholder relationships are and how these are to be included within the account.

2.3 Defining social accounting within the theory of accountability

The social accounting movement originated in the mid-1970s through to the 1980s with the "social program evaluation" as a way to evidence the social impact of an organisation to a wider range of stakeholders rather than just a company's shareholders (Zappala and Lyons, 2009). Social programme evaluation aimed to assess the effectiveness of a particular programme in terms of achievement of goals over inputs, also its competency of outputs over inputs (Zappala and Lyons, 2009). Such movements have grown alongside interest in the social and environmental reporting practices of corporate entities since the mid-1990s (Deegan, 2002).

The debates on accountability within the broad category of the social and environmental accounting literature largely address the theoretical or political determinants of the moral obligations of business associates (Lehman, 1999; Gray et al, 1997; Tinker et al., 1991; Schreuder and Ramanathan, 1984). One aspect of this literature explores the development and implementation of social accounting and auditing practices as

methods of providing “self-regulatory accountability” (Dey, 2007; O’Dwyer, 2005; Miller, 2002; Dey et al., 1995; Gray et al., 1997).

Ebrahim (2003a, p. 822) describes the social accounting as a “complex process” where many forms of accountability mechanisms can integrate within the model. Social accounting aims to provide information so that an organisation knows their purpose, values, and relevance to clients and is defined as:

“A systematic analysis of the effects of an organisation on its communities of interest or stakeholders, with stakeholder input as part of the data that are analysed for the accounting statement” (Mook et al., 2003, p. 3).

Other scholars also defined social accounting in the field (Gray et al., 1996; Mathews and Perera, 1996; Ramanathan, 1976) and there is recognition of the link between social accounting and mainstream accounting through the provision of an account, however defined, and the acknowledgment of the accountability relationships within particular stakeholder groups.

Social accounting provides organisations a route to improve their knowledge regarding achieving their objectives, acting correctly upon their values, and examining if those objectives and values are related and suitable (Pearce, 2001). Other beneficial uses of social accounting/reporting can be to recognise and embed organisational information systems that systematically improving stakeholder dialogue (Gibbon and Dey, 2011). Gibbon and Affleck (2008) also emphasise other potential benefits when conducting social accounting, including increased transparency, a better understanding of forms of accountability and relationships. This can enhance the reputation of an organisation and the welfare of society whilst focussing on organisational learning and change (Bebbington, 2007). There is also a link between organisational learning and evaluation to accountability mechanisms. As Ebrahim (2007) argues, organisational learning is foundational for accountability and fundamental for organisational attention on the mission. Accordingly, Gond and Herrbach (2006) recognise social reporting as a valuable framework to assist organisational learning whilst ameliorating internal and external achievement. Short-term functional and long term strategic accountability (Avina, 1993) can emphasise organisational learning and evaluation as a more reflective approach to accountability (Ebrahim, 2007).

Despite a relatively long history of research and development in social accounting and many worldwide examples (Owen, 2008), there is still debate surrounding the measurement of social impact; on perspective, purpose and approach (Clark et al., 2004), and developing definitions and methodologies (Owen, 2008).

2.3.1 Measuring social impact within the context of social accounting

There is a long history of measuring social impact within the social and environmental accounting literature. In the past the approach was referred to as environmental accounting because of concerns regarding the impact of an organisation on the natural environment whilst over time attention has broadened to social concerns (Mook et al., 2007).

The history of performance measurement in non-profit organisations dates back to the late nineteenth/early twentieth century (Barman, 2007). There is evidence of measurement being used to demonstrate voluntary organisational methods and modes of social change by social service professionals, i.e. the Charity Organisation Society (COS). In addition, there was a noticeable movement during the early twentieth century to form an individual level of social improvement to the new vision of social service at the community level. Consequently, the role of third sector organisation and their use of measurement changed (Barman, 2007).

The current interest in measuring social impact is a continuation of this extended history within the social accounting literature (Bebbington et al., 1999; Mathews, 1997; Gray et al., 1991; Geddes, 1992; Medawar, 1978). Gray et al. (1997) claimed that there was a great interest in the academic attention and, more significantly, there was a re-emergence of practice in the field in the 1990's that led to the development, use and disclosure of social performance indicators. Consequently, the practice of social accounting within specific organisational settings are demonstrated in the UK for example, by research from the new economics foundation (nef) and Traidcraft (Dey 2002, 2000) and others, i.e. Ben and Jerry's, The Body Shop, Fair-trade NGO's, the public sector, and Health Care (O'Dwyer, 2004; Hill et al., 1998; Dey et al., 1995) and community enterprise (Gibbon, 2010). There were similar movements within Canada (e.g., VanCity Credit Union in Vancouver (Evens, 1999)) and the USA (Gray et al., 1997). More recently Harlock (2013) emphasises the debates about capturing and

demonstrating the social impact and/or social value of the third sector activities. These debates are being held both within the third sector, and with policy-makers and academics (e.g., Arvidson and Lyon, 2013; Teasdale et al., 2012; Gibbon and Dey, 2011; Wood and Leighton, 2010; Polonsky and Grau, 2011; Westall, 2009; Nicholls et al., 2009; Cabinet Office, 2007).

Measuring various aspects of third sector impact is not new, but what has been measured has changed over time, reflecting the changing role and perceptions of what the third sector is or should be (Arvidson, 2009). Matarasso (1996) found that since the 1970s, social accounting has been through cultural changes within non-profit organisations. The interest in social impact measurement within the non-profit sector has developed due to the interest in the measurement and understanding of the impact on civil society (Zappala and Lyons, 2009). Buckmaster (1999) also views social accounting and cultural change as due to a change in policy and societal concerns for accountability, due to a number of scandals within the third sector e.g., the United Way and American Red Cross in the US led to evaluation of the trustworthiness of the third sector (Carman, 2010). Accountability has become critical in non-profits where the ability to prove an organisation's achievements on specific goals is seen as primarily a need for measuring outcomes. Likewise, there is the matter of the reputation of the third sector that is influenced by evaluation of their programmes and fundraising practices by self-appointed agencies such as watchdogs, through rating systems (Preston, 2008). Hence, concern to demonstrate effectiveness of third sector organisations have become increasingly important during the last two decades, where there is great pressure to measure social impact for the purpose of reflecting on their capability, to perform legitimacy and to secure funding (Barman, 2007).

By consideration of the changes through an organisation's reporting on and providing evidence of their effectiveness in society, they are able to evaluate their service in line with growing contractual demands. The performance measurement and specific assessment of positive outcomes have been of interest to various stakeholders including: governmental and non-governmental funders; service providers; policy makers; regulators; service recipients; advocates; planners and the general public (Crook et al., 2005). Hence, alongside financial accounting, a number of frameworks have been developed by scholars and practitioners to include the capture and measurement of the social aspects of non-profits outcomes, to help recognise the overall

impact of the third sector within in society. However, in constructing and implementing there is a lack of empirical exploration within field studies means the social impacts measurement are still to find a meaningful and consistent reporting medium. The research on evaluation practice among non-profit organisations in the US; Carman (2007) emphasises that regardless of the heavy force to supply a valuation and performance information to funders and stakeholders, there are small portions of community-based organisations that are collecting outcome and impact measurement data for external or internal evaluation. Likewise, organisations with greater budgets, mandates and other sources are more likely to carry out social accounting practice in any form than organisations with smaller sources, especially organisations with narrower funding streams (Lampkin and Hatry, 2009). On the other hand, Pearce and Kay's (2008) research in the UK concluded that 93% of funders and investors believed in a form of legal obligation in some form of social accounting and audit system through a common reporting framework. The system could provide a better prospect of value for money from their investment and enable investigation into the impact of programmes on society.

In the UK, the need to improve social impact measurements to evidence social outcomes and impacts has been recognised by the Government (Department of Trade and Industry, 2002):

“We do believe there are real economic and social gains for organisations that use appropriate mechanisms to evaluate their impact and improve their performance” (DTI, 2002, p. 76).

The Office of the Third Sector (OTS), as part of the Cabinet Office, was introduced in May 2006 to recognise “the increasingly important role which the third sector plays in both society and the economy” and it was renamed ‘Office for Civil Society’ following the 2010 general election (Cabinet Office, 2013). In the social enterprise report, the Office of the Third Sector (2006, p. 28) recognised that since 2002 the government strategy constitutes a major “evidence gap” in impact measurement tools that have been developed, but also acknowledged the need for on-going research to build abilities to fill the social enterprise impact measurement gap.

Liam Byrne (Minister for the Cabinet Office) and Kevin Brennan (Minister for the Third Sector, 2009) in their foreword to a guide to Social Return on Investment (SROI) emphasised the importance of the role of third sector organisations within the current economic climate and stressed the need for evidence of impact as a priority:

“While many third sector organisations have a powerful story to tell, the social and environmental value of the impact being made is often underplayed. As we face tough economic times, it is now more important than ever that we allow for better recognition of those who create social and environmental value, leading to more efficient movement of resources to the right people, in the right place, at the right time” (Byrne and Brennan, 2009, p. 3).

There have been a number of studies across the third sector in recent years conducted by various organisations such as the Charities Evaluation Service (CES) conducted by Ellis and Gregory (2008); the East of England Development Agency (EEDA) conducted by Stevenson et al. (2010); the current state of impact reporting in the UK charity sector (Breckell et al., 2011); NPCs surveys (New Philanthropy Capital, 2010). These studies all emphasised a growing trend on impact measurement practice by organisations in the last five years. For example, the study of 1,000 charities and social enterprises within the UK (Ogain et al., 2012) note that over 75% of the sample organisations were undertaking impact measurement in at least one of their activities. However, there is evidence within these UK studies that large scale organisations with sufficient funds are more likely to measure their impact compared to smaller organisations with less access to resources, capacity, skills, and ability to access support and information about impact measurement (e.g., Chapman et al., 2012; Ogain et al., 2012; Breckell et al., 2011; Ellis and Gregory, 2008). These findings are supported by similar studies in the US (Lampkin and Hatry, 2009; Carman, 2007).

A study by Pearce and Kay (2008) identified only 115 social economy organisations that had used some form of social accounting throughout the North East of England, Cumbria, Merseyside and Scotland. It appears that of the 70 organisations that produced social accounts, only 52 had them audited, and only 17 produced them more than once. There is evidence that of those 17 organisations, 14 practice it regularly. Another study in the North East of England (Chapman et al., 2012) also found that a limited proportion of organisations were engaged in impact measurement.

According to Teasdale et al. (2012) within the UK, the Public Services Social Value Act (2012) aimed to encourage, via legislation, both commissioners and non-profits to consider and evidence the wider social impact of their services. These developments have taken place in the context of a trend towards evidence-based policy, where guidance is needed on data and evidence about effective public policy solutions (Martin et al., 2010). On the other hand, within non-profits themselves, there has been a drive for enhanced impact measurement practice in response to a demand from public policy makers, as well as practitioners within non-profits, for impact measurement tools to demonstrate non-profits achievements. In the UK, the Inspiring Impact Network provides a lead in this movement (Harlock, 2013). It is a partnership of influential organisations such as the Charities Evaluation Service (CES), the National Council for Voluntary Organisations (NCVO), New Philanthropy Capital (NPC) and the Association of Chief Executives of Voluntary Organisations (ACEVO) (Harlock, 2013). Consequently, there is a growing call for tool kits, consultancy services, guidance and advice for non-profits (Harlock, 2013).

2.3.2 Measuring social impact: the conceptual meaning

Organisational evaluation as a mechanism of accountability can create reflective accountability that focuses on two broad systems: short-term result of organisational intervention through outputs or activities and medium and long-term results through impact and outcomes (Ebrahim, 2005). However, Ebrahim (2005) argues that there is a negative impact of evaluation on non-profits and to overcome this mission requires the development of a long term approach to social and political change. He suggests that non-profits need to find a balance between “short-term rule-oriented mechanisms of accountability and more long-term approaches to evaluation and organisational learning” (Ebrahim, 2005, p. 61). Moreover, Ebrahim (2005) emphasises that ‘effectiveness, impact, or performance’ are all used interchangeably as evaluation is heavily dependent upon ‘how an evaluation is framed’ and the resultant different interpretations create diverse conclusions in practice.

Within social accounting there is one approach to impact measurement that illustrates a form of ‘impact value chain’ (Clark et al., 2004) that is derived from the established logic model’ of inputs, activities, outputs, outcomes and impacts (Wholey, 1979; Poister, 2003; Hatry and Wholey, 1999). The impact value chain (Clark et al., 2004) in Figure 3 differentiates output from outcome and impact and defines each term. Input is

defined as resources dedicated by an organisation towards its activities. Activities are the process that is provided by an organisation to fulfil its mission and the results of those activities are recognised as output, i.e. the direct product of an organisation. Then the effect, through a change or benefit, of outputs is measured as outcomes (Figure 3). As a result of outcome measurements, social impact has been defined as “the portion of the total outcome that happened as a result of the activity of an organisation above and beyond what would have happened anyway” in a social system (Clark et al., 2004, p. 7).

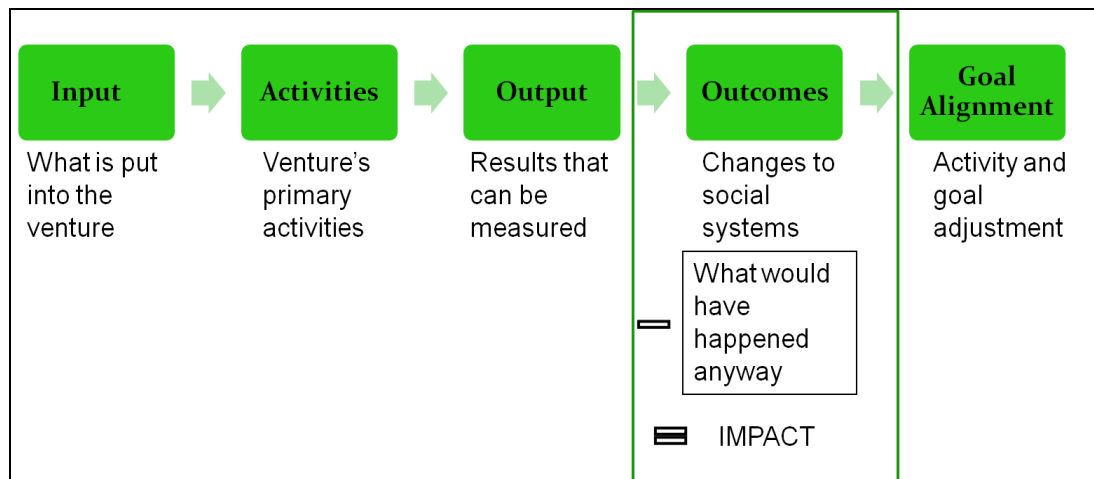


Figure 3- Impact Value Chain (Clark et al., 2004)

Impact measurement models (Impact Value Chain) describing different levels of measurement towards impact measurement that include input, activities, outputs, outcomes and final impact.

Social impact measurement is one way of demonstrating the benefits of a project through evidence of social outcomes and impacts (McLoughlin et al., 2009). Hence, ‘impact’ is defined (NCVO, 2013, p. 4) as the “wider overall difference that an organisation makes”. Whilst impact in practice (NCVO, 2013) is defined as:

“The activities that an organisation does to focus on its impact; this can include planning desired impact, planning how to measure it, collecting information about it, making sense of that information, communicating it and learning from it” (NCVO, 2013, p. 4).

Buckmaster (1999) also demonstrates that outcome measurement within social reporting is an important organisational learning tool that can affect both performance and learning capability through the production of meaningful information. An organisation applying a social evaluation framework can examine how it ‘creates and reflects on its own vision and how well it performs in conveying that vision’ (Whitman, 2008, p. 417).

2.3.2.1 Complexity of conceptual and practical approaches to social impact measurement

There are a number of factors that make social impact measurement methods complex. The concept of social impact measurement within social accounting has developed rapidly in recent years and it has spread across third sector organisations. Despite a growing interest in third sector organisations looking for effective ways to improve their value and performance, there are drawbacks. Both funders and the funded organisation face on-going barriers to social impact measurement as a result of different definitions of outcome and impact (Clark, 2009).

There are various definitions of impact, an NPC survey stated that “impact measurement means different things to different people” (Ogain et al., 2012, p. 33). Maas and Liket (2010) argue that a lack of consensus across different fields that have studied the impact e.g., business, society studies, management accounting and strategic management; result in diverse definitions and conceptual confusion (Hall, 2012). The diversity of the sector itself, e.g., differences in activities, interests, goals and, the complexity of environments itself; also make variation in approaches and understandings (Harlock, 2013). As a result, there are certain terms that are applied

interchangeably within the literature (Maas, 2008) i.e. ‘social impact’ (Burdge and Vanclay 1996); ‘social impact assessment’ (Freudenburg, 1986); ‘social impact management’ (Gentile, 2000); ‘social value’ (Emerson et al., 2000); and ‘impact’ (NCVO, 2013; Parkinson, 2005; Clark et al., 2004). In addition, the lack of profit as a standard of assessment in non-profits (Handy, 1981) is identified as a limitation to effective measurement. Paton (2003, p. 6) viewed the impact measurement problem as a “multi-faceted problematic ambiguous and contested” area. Likewise, there are external and internal factors that not only change impacts, but also might influence impact measurement e.g., funders, legal/regulatory change (McLoughlin et al., 2009). A major issue when impact mapping is emphasised by McLoughlin et al. (2009). The relative ease with which organisations identify and collect output indicators is counteracted by the more demanding and complex development of practical and useful key impact indicators. One external factor that results in a limitation to create a common framework can be the difficulty in resolving all interests and requirements of the various stakeholders involved within a third sector organisation (Ellis and Gregory, 2008). Hence, there is “the mismatch between the information required by funders and the information needs of the third sector organisations themselves” (Ellis and Gregory, 2008, p. 15). The many different perspectives on what types of data are considered useful (Hall, 2012) make it difficult to evaluate reports by non-profits.

The pressure from funders and policy makers has assisted in the development of many available tools/frameworks for conducting measurement by third sector organisations. The result has been a proliferation of methods and tools for measuring and assessing outcomes and impacts (McLoughlin et al., 2009). Accordingly, there is an ongoing debate between both scholars and practitioners with regard to the usefulness and appropriateness of general measurement frameworks for non-profits social impact. Across the diversity of the third sector (Wainwright, 2002) there are various different methods for measuring social value and evaluation models, which have been adopted by organisations of different sizes, sectors and aims.

2.3.3 An overview of social impact measurement methods within the UK practice

In recent years, there has been an ongoing debate among service providers and service commissioners about outcome indicators, measuring value added by improving the lives of individuals and communities (Smith, 2010). Hence, there is demand for non-profit organisations to develop the capacity to measure their own effectiveness and do so on

an ongoing basis (Lampkin and Hatry, 2009). Furthermore, the demand by funders for evidence of effectiveness and a greater degree of accountability continues to grow (Briggs and McBeath, 2009).

According to existing research (Ogain et al., 2012; Breckell et al., 2011; Ellis and Gregory, 2008) evidence shows that there is variation in what non-profits measure and to what degree and how they approach impact assessment. For example, some organisations carry through a complete version of impact assessments involving planning and organisational learning techniques. Others engage in simple approaches such as only gathering feedback about services (Lumley et al., 2011).

Traditional measurement systems for non-profit organisations have been simple and focus on inputs, processes, and outputs, with a view to evaluating their efficiency and effectiveness (Buckmaster, 1999). The traditional measurement system has moved towards a focus on outcomes due to non-statutory funders and governments promoting these since the 1980s (Ellis, 2009). The most general application of social measurement involves the use of qualitative data and descriptive statistics to assess how an organisation is meeting stakeholders' expectations in executing the mission (Mook et al., 2003).

There are varieties of methods, which third sector organisations employ across the UK. One example, the Inspiring Impact study of 2012 (cited in Harlock, 2013) claims there are 134 separate tools associated with impact measurement available for use by non-profits. The tools are different in their scope, application, methods and cost, whilst the study acknowledges that this may not be a complete list. The diversity of approaches for non-profits reflects the nature of the sector in terms of their structure, objectives, outcomes, and subsections such as social enterprise (Millar and Hall, 2013).

The new economics foundation (nef) provide an online sample tool bank that introduces more than 20 social impact frameworks and investigates each tool in terms of benefits and limitations for the use of them. A study by Angier Griffin (2009) (see Figure 4) maps the most commonly used tools within the UK: Eco-Mapping, EMAS (the EU Eco Management and Audit Scheme), Outcomes Star, Social Impact Tracker, Social Audit Network, DTA Health check, balanced scorecard, CESPI (Co-operative, Environmental

and Social Performance Indicators) and AA1000, LM3 (Local Multiplier 3), Logical Framework and SROI (Figure 4).

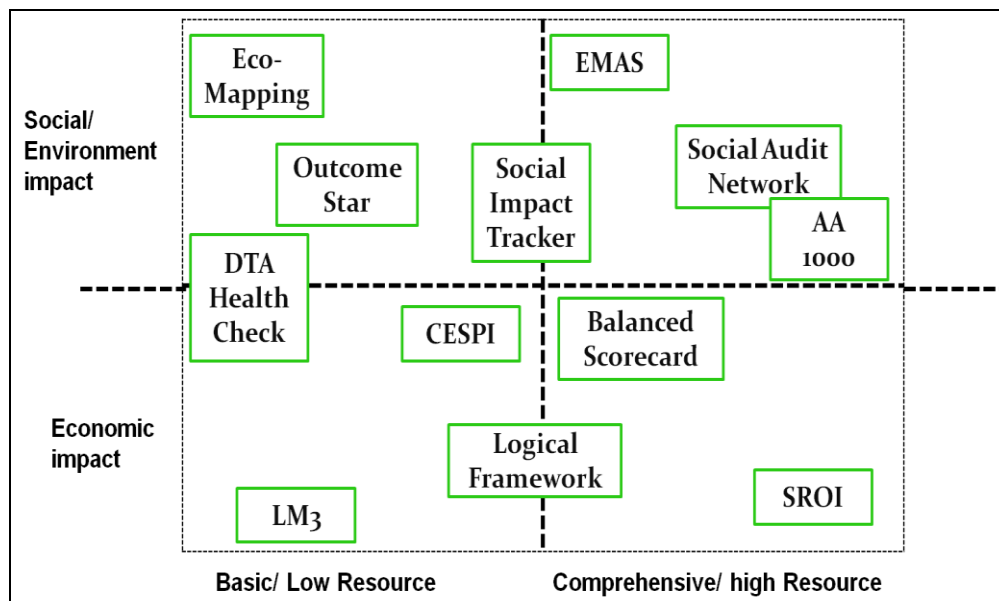


Figure 4- Mapping of quality and impact tools in UK (Angier Griffin, 2009)

Figure 4 identifies a number of tools that are used in practice by UK third sector organisations. The horizontal axis represents the level of complexity and resources required to use the tools, and the vertical axis represents how the reported results are interpreted either in economic or social terms.

Eco-Mapping and EMAS involve looking at the environmental impact and improving the environmental performance of an organisation. AA1000 AS (Assurance Standard) is the standard for quality assessment of social, economic and environmental reporting of an organisation that can be used by external auditing bodies as well as internally by an organisation to build its accountability process system. Another tool is DTA (Health check) that was developed for community groups, businesses and, organisations aiming to become community enterprises to help them for effective and resilient planning. The tool created to secure the success of cooperative organisations in capturing their social performance is CESPI. A balanced scorecard that was designed by SEL (Social Enterprise London) helps social enterprises to clarify and articulate their strategic objectives, and decide how they will deliver their multiple bottom-line. LM3 is a tool for assessing the money that organisations spend and its influence in the local economy and how to improve the economic impact of an organisation. In addition, there are other tools (Figure 4) that Angier Griffin (2009) identified that have not been included in the nef sample; these are the Social Impact Tracker and Logical Framework. The Social Impact Tracker is an online database that provides a web-based database for an organisation to then record and report its outputs, outcomes and social impact (Social Impact Tracker, 2012). However, the application is costly to use by an organisation. The Logical Framework analysis examines a project's objectives achievement and expected results along with their indicators in matrix format (Ebrahim, 2003a).

Angier Griffin (2009) acknowledged some of the other approaches to social impact measurement such as SA1000. Although this approach is better suited to large corporate settings and is not always applicable or transferable to the setting of small and medium size social enterprises (Jenkins, 2006). Also, recently there has been the SIMPLE holistic impact measurement model (McLoughlin et al., 2009) that provides both a conceptual and practical approach to measuring impact. The model offers social enterprise managers a practical methodology for developing impact measurement through five stages: 'Scope It, Map It, Track It, Tell It and Embed It'. The authors argue that it is adaptable to all shapes and sizes of organisation in enterprise sectors (McLoughlin et al., 2009).

Within the UK there are two leading approaches to measuring social value: Social Return on Investment (SROI) (O'Berg and Mansson, 2011) and Social Accounting and

Audit (SAA) (Kay, 2011; Pearce and Kay, 2008; Wood and Leighton, 2010; Gibbon and Dey, 2011). These two approaches have significantly influenced third sector measurement (Zappala and Lyons, 2009). In addition, the Homelessness Outcomes Star tool (MacKeith et al., 2008) is widely used by ‘Supporting People’⁷ providers across the UK (Homeless Link, 2011). Hence, in the following section the three most common approaches to impact measurement within the UK (SROI, SAA and the Outcomes Star tool) will be discussed in more detail. The SAA framework and Outcomes Star tool are integral to this thesis.

Social Return On Investment (SROI)

The approach to SROI was developed in the US in 2008 and further promoted in the UK by the nef in 2008. SROI has been supported by the UK government as the method of choice explicitly for social enterprises (Nicholls et al., 2009). Angier Griffin (2009) identified SROI as one of the most complex and resource intensive approach to social impact measurement. SROI aims to capture the social and environmental values/impacts of projects and programmes using quantitative analysis based upon the principles of cost benefit analysis (Millar and Hall, 2013). An SROI ratio is an examination of the value being generated by an intervention and the investment required to achieve the impact. However, although integrated, the cost-based approaches are still in the early stages of development and are both resource intensive and costly (Lynch-Cerullo and Cooney 2011). Nonetheless, the method highlights that the ultimate success for any non-profit organisation lies in showing both social and economic impacts of their work and SROI can direct managers to consider this when choosing outcomes and measures (Smith, 2010). Hence, SROI holds the potential to shift perceptions of non-profit organisations from ‘users of resources’ to ‘creators of value’ (Mook and Quarter, 2006, p. 247).

McLoughlin et al. (2009) emphasised that although the capability of SROI to monetise net social impact is attractive to organisations because monetary measurement is clearly understood; not all impacts are applicable in terms of measurement especially where organisations have undeveloped social impact measurement and reporting systems. Furthermore, professionals’ caution that integrated cost approaches “have not yet

⁷ Supporting People were introduced in April 2003 as the strategic funding framework, and brought together seven housing related funding streams from across central government (DCLG, 2013).

reached maturity” (Tuan, 2008, p. 6) whilst lacking basic infrastructure and require further refinement (Tuan, 2008).

Social Accounting and Audit (SAA)

The Traidcraft, nef and Community Business Scotland (CBS) experience came together in the Social Audit Workbook in 1996. In the same year the first cluster of social economy organisations on Merseyside, sponsored by Liverpool City Council, started their action-learning programme using the nef/CBS model. Two of those pioneering organisations have continued with social accounting, these are the Furniture Resource Centre and Supported Independent Living Project Homes (SILPH).

The Social Accounting and Audit Manual and CD (Pearce and Kay, 2005) were a further development as part of the ‘Social Enterprise Partnership GB Quality and Impact Project’. The model derives from the earlier nef/CBS model and workbook, based on consultation with organisations actively practising social accounting. There have been further updated versions of the SAA workbook published in 2008 and 2010 by SAN.

The key elements of SAA described by Nicholls and Pearce (2010) are a detailed exploration of the organisations objectives and activities and the scope is determined later in the process. It also has an internal focus that includes six key aspects⁸ relating to internal issues. SAA only reports past events yet is more flexible in terms of including other tools for production of an impact map. Although some financialisation is increasingly used, financial proxies are not central to SAA and the framework utilises more qualitative information. SAA undertakes a full stakeholder analysis, once the scope is agreed depending upon the process through which stakeholders will be included in the social accounting process. In SAA reporting impact is demonstrated and reported, but not necessarily measured and it requires evidence of performance (outputs) as well as of outcomes to be included. SAA determines the scope for social accounts in light of what is achievable and requires what is excluded from the scope to be clearly stated towards mission objectives.

⁸ The six key aspect of SAA are: 1 understanding social accounting and audit, 2 what does your organisation already do? 3 commitments within your organisation, 4 making it manageable and being clear about who does the work, 5 finding the resources and paying for it, 6 making the decision (Pearce and Kay, 2008).

SAA also insists on a full verification process using three different levels of audit to be carried out by an approved social auditor along with a social audit panel. The audit and verification process are recognised as both unique and essential features of SAA (Nicholls and Pearce, 2010).

A key benefit of the SAA model is that, this framework enables organisations to build on existing information and documents gathered for monitoring, reporting and evaluation purposes (Zappala and Lyons, 2009). Therefore, as the SAA process is owned by an organisation; it will empower an organisation (Pearce and Key, 2008). However, the limitation of the approach in comparison with SROI can be seen as SAA reject the conversion of indicators into financial ratios, yet SAA does not overlook the importance of numbers and “indeed advocates the use of financial indicators when this is appropriate” (Pearce and Key, 2008, p. 15). The SAA framework is used as a key framework in the current study is described in detail in chapter three as it was used as part of the data collection method.

Outcomes Star tool

The Outcomes Star is a tool to record, support and measure soft outcomes of the work done by an organisation for people/service users often referred to as ‘distance travelled’ (MacKeith, 2011). The first version of the Outcomes Star was developed by (MacKeith et al., 2008) when commissioned by St. Mungo’s a London based homelessness organisation and the London Housing Foundation in 2006 (MacKeith et al., 2008). In research carried out by Homeless Link (2011) there is evidence that, after the compulsory Supporting People outcomes form⁹, the Outcomes Star tool is the most frequently used outcome measure in the homelessness sector being used by 20% of all agencies surveyed.

Mackeith (2011) in the report for Triangle Consulting claims that the Outcomes Star provides a picture of starting needs and progress over a specified period of time at four key levels: the individual, the project, the organisation and the sector. However, there is still no link between the soft outcomes captured by Outcomes Star and the hard outcomes that are recorded by other available tools (Boswell and Skillicon, 2009). The evidence shows that there is a need for systematic research into the impact of using the

⁹ This form is completed by service providers when a service user leaves their service and has been compulsory for all services receiving Supporting People funding in the UK.

Outcomes Star from both an organisation and service user perspective (Boswell and Skillicorn, 2009; Mackeith, 2011).

In summary, selection of the impact measurement tool and approach is highly context bound, and dependent on what an organisation wants to achieve (Harlock, 2013).

Therefore, the next section investigates the social (impact/outcome) measurement in the supported housing sector and is linked to accountability in regards to the aims of the current study.

2.4 The social impact measurement within non-profit supported housing associations

The non-profit housing association is recognised as a key element of the housing market and has become the major provider of social housing in the last three decades (Mullins, 2011). The use of social impact measurement has become a key part of any housing sector organisation concerned with accountability and a focus on the effectiveness of their projects in the communities.

People who are homeless are part of a much wider group with acute housing needs, including those living in overcrowded, insecure, or unfit homes. There is a loose consensus amongst organisations working with this client group that homelessness is a symptom of interpersonal issues, and that providing accommodation alone is rarely sufficient. The statutory definition of a homeless person, as set out in Part VII of the Housing Act 1996 (p. 138), is:

“(1) A person is homeless if he has no accommodation available for his occupation, in the United Kingdom or elsewhere, which he (a) is entitled to occupy by virtue of an interest in it or by virtue of an order of a court, (b) has an express or implied licence to occupy, or (c) occupies as a residence by virtue of any enactment or rule of law giving him the right to remain in occupation or restricting the right of another person to recover possession. (2) A person is also homeless if he has accommodation but (a) he cannot secure entry to it, or (b) it consists of a moveable structure, vehicle, or vessel designed or adapted for human habitation and there is no place, where he is entitled or permitted both to place it and to reside in it. (3) A person shall not be treated as having accommodation unless it is accommodation, which it would be reasonable for

him to continue to occupy. (4) A person is threatened with homelessness if it is likely that he will become homeless within 28 days” (Legislation.gov.uk, 2014).

According to the Mullins (2010) study, there are over 100 specialist supported housing associations in the UK, accounting for 7% of housing associations. Homeless Link (2012) indicates that there are 1,567 day centres, hostels, and accommodation projects in the UK. They typically provide a range of support services such as improved housing, health, wellbeing, helping people into work, learning and skills programmes that aim to develop or sustain an individual’s capacity to live independently in accommodation. Relevant areas of support are commonly measured for outcomes by the organisation itself, government, academics and practitioners working in the field (Ogain et al., 2013). The measured outcomes are mainly: providing safe, stable and appropriate accommodation; education and learning; employment and training; physical health; substance use and addiction; mental health; personal and social wellbeing; crime and public safety; local area and getting around; politics, influence and participation; finance and legal matters; arts and culture, and conservation of the natural environment and climate change.

Research by Homeless Link in 2007 identified that 80% of the clients that relevant organisations work with have more than one of the following support needs: mental health problems, misuse of various substances, personality disorders, offending behaviour, borderline learning difficulties, disability, physical health problems, challenging behaviours, or age-related vulnerability. Those with complex and multiple needs account for 58% of those accessing homelessness services across the country (Homeless Link, 2007). In this study, homelessness goes beyond the above definition, and includes the entire client with complex and multiple needs where one of their needs is stable accommodation.

2.4.1 Complexity of social impact measurement within the concept of supported housing sector

There is no doubt that the non-profit supported housing sector is under increasing pressure to prove their effectiveness and record their programme outcomes as the current political and funding environment continues to signify the importance of accountability and the measurement of performance (Garman, 2009). Hence, identification of outcomes for homeless people is also intimidating as homeless people

frequently experience complex and co-occurring disorders. The outcome measurements recognise that poverty, lack of employment opportunities, poor self-esteem and life quality, domestic violence, substance abuse, mental illness, and other issues all contribute to homelessness (Flateu and Zaretsky, 2008). Additionally, Flateu and Zaretsky (2008) found that even major life improvements for a long-standing homeless individual experiencing co-occurring and complex problems, which also impart cost savings and other benefits to the community, may appear as very limited outcomes. Rosenheck et al. (2003) claimed that because of the complexity of mutually intensifying problems experienced by homeless people, the evaluation must be done at the level of the service system to mirror that complexity.

Several studies (Wilkes and Mullins, 2012; Homeless Link, 2007) acknowledge there is not one measurement tool that can be applied to all activities performed by housing organisations and can capture the entire required dimension. Such a tool is not desired as there is accepted diversity across the sector on the measurement of varied outcomes of activities for individuals, projects, and the organisation itself. Hence, based on this diversity of characteristics and cultural differences within organisations, there is a different level of intervention between the organisations and the communities and their accountability relationships that requires varied social impact measurement approaches. Likewise, several client level outcome measurement instruments and lack of a single comprehensive measurement instrument relevant to the evaluation of homeless agency outcomes poses a challenge (Crook et al., 2005).

A study on housing associations within the UK (Wilkes and Mullins, 2012) reported that there are external, internal, or combined measurement tools employed by housing organisations to assess the social impact of their activities in the community. A variety of outcome measurement systems are available for housing and homelessness organisations to monitor their effectiveness and the changes they make to their client's lives. The study acknowledged that of the 34 housing organisations surveyed for the usage of social impact tools, 35% use internally developed tools, 41% use externally developed tools, and 9% use a combined model, whilst the remaining 15% do not use any tools.

Accordingly, Homeless Link (2007) reported, based on the requirement of the different outcomes measurement framework by funders, a number of other measurement tools

were widely developed and adopted by organisations in the sector. For example, the employability map (soft outcomes tools) designed by Triangle Consulting for service users close to re-entering the labour market. However, this tool may not be suitable for organisations with more complex clients' needs. One approach that captures more complex client needs is the Outcomes Star approach to capture soft outcomes within homelessness organisations. Another example is the Soft Outcomes Universal Learning (SOUL) record that is designed to measure five aspects of a child's life.

There are three main schemes for measuring outcomes, depending on the type of organisation, the services provided and what types of data are collected (Bagwell, 2013). These three different schemes of social impact/outcome are summarised by Bagwell (2013). First, organisations that capture the journey and outcomes for the individuals they work with. Common approaches to individual outcomes are the Outcomes Star tool and Supporting People outcomes. Second, organisations that work in all areas of homelessness need to understand the broader social and economic outcomes of their work, the SROI model is widely used in this category. However, there is a lack of consensus on how to attribute the impact of specific interventions for individuals who receive support from multiple sources. In addition, there is a lack of sound economic data on which to base these calculations at present. Third, organisations that provide and manage social housing try to quantify their overall community impacts. Despite, the National Housing Federation data collection, there is no one accepted approach to the collection of data to measure the outcomes these organisations generate (Bagwell, 2013).

2.4.1.1 The benefits associated with usage of social impact measurement

A variety of advantages associated with client outcome measurement within homelessness services in Australia are identified by Planigale (2011). The principle benefits are a focus on staff, organisation and service systems for the needs, goals and achievements of clients (Planigale, 2011). Hence, a focus on client outcomes enables organisations to develop a meaningful way of measuring and evaluating the benefits at different levels, such as: effectiveness at system level, at an organisation level through mission and at the level of the individual through effective service provision. In addition, outcome measurement may bring about quality improvements, motivational benefits in celebrating achievements, advocacy benefits, knowledge building and organisational learning.

2.4.1.2 The challenges associated with adopting social impact measurement

The evidence (Homeless Link, 2007) emphasises that despite, an overall improvement in outcome measurement approaches, still there is a cultural and value limitation of the approach, as embedding the outcome oriented monitoring and evaluation is difficult for some organisation in the sector. In addition, there is a challenge for the organisations that deliver a high-level of diversity activities as it makes the range of monitoring and evaluation requirement complex. In addition, there are other limitations for an organisation to adopt outcome measurement approaches such as finding resources (specialist staff and fund) to develop and support the system. The lack of analytical skills in using the tools to interpret the data and make decisions about impact creation is problematic for organisations. The research by Homeless Link (2007) identified that a major issue for relatively small organisations to adopt outcomes measurement is the financial cost (e.g., consultancy, training, and development of computerised system) and the commitment of other resources such as staff time.

There are a number of risk aspects and challenges to outcomes measurement for an organisation working with the homeless and methods to overcome these are highlighted by (Planigale, 2011). Outcome measurements can be an expensive and time-consuming exercise. By sustaining measurement systems over time with an on-going commitment and resourcing, this ensures an outcome measurement system functions well and overcomes this limitation. Within an organisation's service delivery, staff may feel threatened and scrutinised by being held accountable for factors that are outside their control for positive outcomes achievement. Hence, it is essential to provide training and clear guidelines to inform staff that various factors may affect outcomes, i.e., significant effects of the client as a main outcome driver. Also, there are issues around the reliability, validity and hence the quality of the information produced.

The impact of such risks was investigated by Planigale (2011) and highlighted by other scholars. For instance, low response rates (Hatry, 1997); administration of complex measures by staff with limited training or knowledge (Berman and Hurt, 1997); collector bias, especially where those responsible for ratings are the same as those delivering the service (Rossi, 1997); use of ratings to achieve an instrumental purpose related to service delivery (e.g., to demonstrate client eligibility for certain resources or services) rather than as an accurate reflection of the client's status (Hudson, 1997); the

selection of measures themselves can be subject to ‘dumbing down’ due to the political purposes to be served by the results (Segal, 1997); availability of data processing system to analyse outcomes data or integrate it with service delivery (Planigale, 2011). Also, Planigale (2011) emphasised that adverse impacts of outcome measurement information on services and service delivery may cause difficulty for an organisation that is involved in such measurement. The above adverse impacts concern unfavourable outcome results and the negative consequences of outcome measurement within service delivery. As a result, organisations may manipulate certain measurement data and distort information that has been provided information. Hence, it may ‘disempower’ clients, by categorising or labelling them (Planigale, 2011).

2.4.2 The movement of social impact measurement within the sector

Lynch-Cerullo and Cooney (2011) emphasised that the evidence demonstrates that performance measurement based on demonstrating effectiveness has become deeply embedded in policy where programmes are designed to improve lives. Also, at the organisational level, there is significant interest in measuring social impact when working with disadvantaged and excluded people within society for example the homeless (Zappala and Lyons, 2009).

Within the UK, Van Doorn and Kain (2003) claim that the year 2003 was a turning point for the homelessness sector because there was a shift in the approach to funding, accountability for providers, creation of a new market of social welfare to tackling homelessness, strategic responsibility for local authorities and a strong focus on prevention. The most significant drivers of change affecting the homelessness sector mentioned by Van Doorn and Kain (2003) were legislation in the form of the Homelessness Act 2002. The Homelessness Act 2002 regulation requires every local housing authority to review homelessness and publish a homelessness strategy. There was also the launch of Supporting People in 2003 and the strategic funding framework for this played a significant role in changing the sector.

Supporting People was introduced in April 2003 as the strategic funding framework, and brought together seven housing related funding streams from across the UK central Government. The Supporting People records and outcomes dataset comprised information about clients who entered and left housing support services that were in receipt of funding from the Department of Communities and Local Government's

(DCLG) 'Supporting People' data collection programme, which ran from April 2003 to April 2011 and was conducted by St. Andrews University (Centre for Housing Research); (DCLG, 2013). Also, the sector has been affected by recent changes in public procurement arrangements that imposed increasingly competitive arrangements for support funding under the Supporting People funding (Mullins, 2010).

Finally the effect of the HM Treasury cost cutting review in 2002. This review explains the importance of the voluntary sector to deliver more public services. As a result of the review, implementation of capacity building of the voluntary sector and greater attention to “value for money” was acknowledged. Thereby, the usage of outcomes measurements, performance monitoring was encouraged by organisations that need to measure the changes in the client group which includes people with multiple needs such as drug misuse and personality disorders (Van Doorn and Kain, 2003).

The result has been that policy documents declare services will be ‘outcomes focused’ and commissioners sign up to outcomes based commissioning approaches often unaware of the fact that knowledge and tools for measuring outcomes in practice are limited (MacKeith, 2011).

2.4.3 Social impact measurement in relation to sector’s accountability context

Organisations that work with the homeless in the UK are reliant on a complex mix of funding streams. The majority of which require their own reporting regulation. Homeless Link (2007) lists major funding bodies, i.e., Supporting People, statutory sector contracts (e.g., the local Primary Care Trust or Job Centre Plus), rent (usually housing benefit of direct payment from local authorities), charitable income from trusts and foundations, charitable income from direct donations from the public, self-generated income through training and consultancy. The major driver of outcomes measurement changed rapidly in the last few years by taking into account the multiple reporting requirements associated with different funding and the funding environment itself. The third sector supporting housing sector is not exceptional, and even there is demands that are more external and pressure to measure their impact, as they are more reliant on a financial obligation to external sources such as funders. In addition, as the contract culture and competition for funding imply a need to develop strategies to learn quickly, the outcomes measurement has been widely recognised as an effective monitoring and evaluation practice (Homeless Link, 2007).

The London Housing Foundation (LHF) through an Impact programme that was established in 2001 (Triangle, 2012) is an initiation of the programme in the UK to improve the capacity of activities with effective measures of sustainable services to the organisation's homeless clients. Their work had a significant impact across the homelessness sector in the UK in the adoption of outcomes measurement that is driven by external and internal forces. The external drivers come from funding organisations such as Supporting People under the Department of Communities and Local Government (DCLG); (DCLG, 2013). The internal drivers are included as a way of assisting frontline workers to see the value of their work and the influence of best practice for senior managers (Homeless Link, 2007). The sector collects outcome information across four levels: at client level by measuring client progress, at management level to measure their effectiveness, across funders to determine overall effectiveness of an organisation, and finally at a policy level by comparison of the programmes' benefit (Homeless Link, 2007).

The main drivers for adopting and developing a system of outcomes measurement is linked to both the organisation's and funder's accountability. Hence, the decision to make use of different approaches is linked with funder requirements and influenced by the senior management team and the staff team, who are interested in determining the organisation's aims to ensure that their projects are delivered effectively relative to the needs of the service user and the community.

Research has suggested that the main accountability forces causing an organisation to measure impact include financial responsibility of the Board, the residents in terms of spending back their rent in the community and finally to external funders of the project (Wilkes and Mullins, 2012). Whilst in addition to the above accountability concerns, the desire to ensure the organisation's effectiveness, delivering desired outcomes, and to gain an overview of their interventions within the community were also cited as reasons for housing organisations to measure their impact (Wilkes and Mullins, 2012).

2.5 Summary of the chapter

This chapter was constructed based on the theoretical and practical model of accountability by explaining how the different dimensions of accountability (e.g., upwards (to funders) and downwards (to constituency)) have been mobilised in the development of a variety of reporting practices and range of explanation for why organisations report on social impact within non-profits in general and specifically in the supported housing sector. There are fundamental differences in the accountability requirements for different types of non-profits (Ebrahim, 2003). Thus, various type of accountability facing non-profit organisation including 'fiduciary, legal, professional and an obligation to preserve and serve the public good' as a result of the operational environment of a non-profit organisation that is complex in respect of their nature with wide range of stakeholders (Balser and McClusky, 2005). Therefore, organisations are subject to assorted accountability expectations from different stakeholders that build multiple dimension of accountability.

The accountability is a relational concept among organisational actors (to whom?) as to patrons, to clients and to themselves (Ebrahim, 2005, 2003; Najam, 1996) embedded in a social and institutional environment. Although nonprofits are morally obligated toward society (Behn, 2001), power becomes an important element of relation that influences who is able to hold whom accountable (Ebrahim, 2005). Mulgan (2000) argued the majority of approaches to accountability are controlling an organisation from outside that includes three core elements of accountability: external scrutiny, social exchange and, right of authority. It is acknowledged that the limitations of the theoretical context of accountability are played out when transferred to a practice-based view of accountability in non-profits. The central role of nonprofits relationships is based on resource independency where nonprofits are financially dependent on restricted external sources (Ebrahim, 2005), that consciously dominate patrons (funders) accountability (Oakes and Young, 2008; Edwards and Hulme, 1996; Najam, 1996). Whereby, accountability moves from morality to a strategic issue (Benjamin, 2008) as nonprofits influence by funders in both a resource and a process of using the resource to achieve objectives in the form of contract framework. Thus, it will dominate an organisation's mission achievement (Young, 2002).

Pressure from upward accountability i.e., funders and policy makers has increased interest in assessment of social impact in recent years (Arvidson and Lyon, 2013) although this interest has been frequently asserted in the past (Barman 2007; Tonkiss and Passey 2001; Edwards and Hulme, 1995). In addition, a majority of research indicate that the main motivating driver of organisations to conduct performance/ impact measurement is based on external demands. This means that nonprofits have to be adaptive to any changes in political climate (Mulgan, 2000). The chapter provided further insight in exploring the nature of accountability when developed as a proxy within non-profits. This chapter extends the discussion regarding non-profit accountability by outlining the nature of organisational changes towards the influence of an organisation's stakeholders, i.e. shifts in funders' behaviour and in policy changes. This research will draw on the theoretical constructs discussed in this chapter and applied to the situation of the case organisation in relation to the current research questions where they define social impact measurement as a way of demonstrating the extent to which an organisation is meeting its stated goals.

The current chapter also focused on the development of social impact measurement in the third sector and specifically within supported housing organisations. When constructing and applying these frameworks/tools, key challenges and effectiveness are presented as to how reporting should be enacted in recognition of accountability dimensions, where the social impact measurement process of Norcare has been explored as one possible mean to construct more critically reflective organisation accountability account. The chapter focussed on key issues arising when there is a focus on stakeholder relationships and resource interdependency within the context of non-profits accountability relationships to engage at the organisational level. The form of accountability relationships and dimensions relevant to a discussion of accountability is to be developed within the case organisation, Norcare.

The current research aims to provide empirical case study material in practice to address the imbalance in the research focusing on the theoretical aspect of different dimensions of accountability within social accounting. Also, there is a need to address a lack of studies exploring challenges of evaluation framework in the context of small and medium size nonprofits. The recognition of social impact measurement and social accounting will not be clearly known until the social measurement system has been initiated and embedded, which is anticipated as a later stage of the research. The issue is

demonstrated as a "practical implications" (Gibbon, 2010) and is specific to the case organisation. This study provides an opportunity to develop the knowledge base for exploring the specific processes that nonprofits engage in, when exercising social impact measurement to address their accountabilities dimension through the adoption of an insider action research in the setting of social housing provider Norcare as well as gaining contextual knowledge. Consequently, this research not only contribute to the accounting research, the knowledge that gained can lead to the development of a best practice that provide empirical research that acknowledge a non-linear process of organisational learning through measuring social impact.

The next chapter will cover the research methodology and conceptual model, design, and process adopted in this research. The research methods used to address the research questions in the current study are explored.

Section B: Research approach

Chapter 3: The research methodology

3.1 Introduction

This chapter provides a detailed discussion of the methodological approach taken by exploring a brief overview of the theory of action research that includes the key elements of action research that are relevant to the current study. The features of action research are explored with an outline of the suitability of the method for the current research setting. The cyclic nature of action research is discussed as the approach used to investigate the development and implementation of social impact measurement within the case organisation. Good action research will have a variety of data collection tools that are a combination of both qualitative and quantitative elements. The chapter also introduces the development of a model of action research, which is subsequently used in the study along with particular methods of data collection and their justification.

Action research aims to transfer the researcher's field experience and provide a theoretically informed analysis to a reader, while fieldwork generates the basis for the descriptive aspect of a study of the organisational life through the analytic relationship between descriptive material and theoretical concerns. Therefore, this chapter also briefly identifies the main participants and their role within the research in particular this includes my role as the researcher and that of those within Norcare, the case organisation. The chapter also emphasises how the study was conducted within a frame of action research cycles, the time scale of the current study and the study setting and the rationale for choosing this setting.

3.2 An overview of action research definition and characteristics

Elliott (1991, p. 69) claims that improving practice is the 'fundamental' aim of action research where, action research is described as "generally situationally unique" (O'Brien, 2001, p. 11). Action research is a dynamic research process because the knowledge generated is always contextualised and that makes it immediately usable and adaptable in the local context (Somekh, 2011). Action research is also a way of increasing understanding of how change in one's actions or practices can mutually benefit a community of practitioners (McNiff, 2002). Whilst action research is concerned with addressing worthwhile practical purposes, with the "primacy of the practical" (Heron, 1996, p. 41) as cited in Reason (2006). Somekh (1995) argues that unlike traditional research where the research stage and the stage of the knowledge

generated from the research are completely separate; in action research the “two processes of research and action are integrated” (Somekh, 1995, p. 340).

Action research can be contrasted with positivist scientific knowledge, where that created in positivist science is universal (Susman and Evered, 1978), while that created through action research is particular, situational, and out of praxis as “action research draws on an extended epistemology that integrates theory and practice” (Reason, 2006, p.188). Four aspects of action research in comparison with traditional research are acknowledged by Schmuck (2009). First, there is continuous improvement versus explanation. Second, the aim is to foster development and planned change versus building a body of accumulated knowledge. Thirdly, there is a process of trustworthy data collection using the multiple perspectives of particular individuals and groups versus experimentation; and finally, action research is focussed on local change and improvement rather than universal theory and valid generalisation.

Action research can be described as research where:

“The study of a social situation involves the participants themselves as researchers with a view to improving the quality of action within it” (Somekh, 1989, p. 164).

The process of using “a spiral of steps each of which is composed of a circle of planning, action and, fact finding about the results of the action” (O’Brien, 2001, p. 11); describe a form of action research which converges towards a better understanding of what happens (Jonker and Pennink, 2010).

Action research fills the context of the gap between research and action (Haslett et al., 2002). The mode of action research is a strategy through a combination of research methodologies that seek action, through change, concurrently and better understanding through research (Denscombe, 2010). Whitehead (2000) suggests that action research encompasses many ways of knowing, the testing of our claims to knowledge against evidence derived from practice.

Accordingly, due to the ability of action research to bridge the gap between theory and practice, Jonker and Pennink (2010) refer to action research as a combination of action or change and research or understanding/ knowledge at the same time. Research or

understanding can be seen as creating knowledge or theory about that particular action (Coghlan and Brannick, 2010). Action research is a methodological model for solving practical problems; it creates a collaborative interaction between researcher and practitioner. Action research also helps develop a new theory or expand and develop existing theories. Action research may lead to change of practice as it identifies the practical improvements in the problem areas, and the results of the research could be available for other participants who are interested in the work and also to the wider community such as the public (Zuber-Skerritt, 1992).

3.2.1 The action research cycle

Action research is a term for describing a continuous process that focuses on research, planning, theorising, learning and development (Jonker and Pennink, 2010) during the researcher's long-term relationship with a problem (Cunningham, 1993). This involves a cyclical method of planning, taking actions, observations, evaluations as well as critical reflection prior to planning the next cycle in addressing an identified problem in the workplace (O'Brien, 2001; McNiff, 2002).

There is a wide range of action research described in literature, including participatory research, collaborative inquiry, emancipatory research, action learning and contextual action research (Whitehead and Elliott, 2007). Despite the diverse view within action research literature; 'better understanding', 'improvement', 'reform', 'problem-solving', 'step-by-step process' and 'modification' are commonly used key words that are shared in any action research definition (Koshy, 2011). In addition, common phrases that are specific to action research are systematic inquiry, critical reflection, and strategic action (French, 2009). Likewise Coghlan (2004) emphasises various common characteristics that define action research by other scholars; research 'in' action, rather than research 'about' action that leads to participative research. Action research is a sequence of events and an approach to problem solving which is concurrent with action.

While there are a variety of differences within the context of action research models, all the characteristics of action research demonstrate that, action research works through the four steps of Lewin's spiral model in a conscious, deliberate cyclical form (e.g., McNiff and Whitehead, 2009; Craig, 2009). Accordingly, within all the definitions of action research, four basic subjects that are consistent with four key steps in action research cycles by Lewin's model (plan, act, observe, and reflect): empowerment of

participants, collaboration through participation, acquisition of knowledge, and social change (Masters, 1995). However, each model uses different words in a systematic manner to using data, to act, or react to a defend problem or area of concern. The spiral process shown in Figure 5 is drawn from Lewin's action research spiral model by Zuber-Skerritt (2001, p. 15) that involves four steps:

Plan: Problem and/or needs identification, situation analysis, plans problem solving activity, team vision, developing, and identifying strategic direction/plan.

Act: Taking action toward implementation of the plan.

Observe: Monitoring and evaluation a process.

Reflect: Reflection on the result of a project that leading to revised or further new planning (Figure 5).

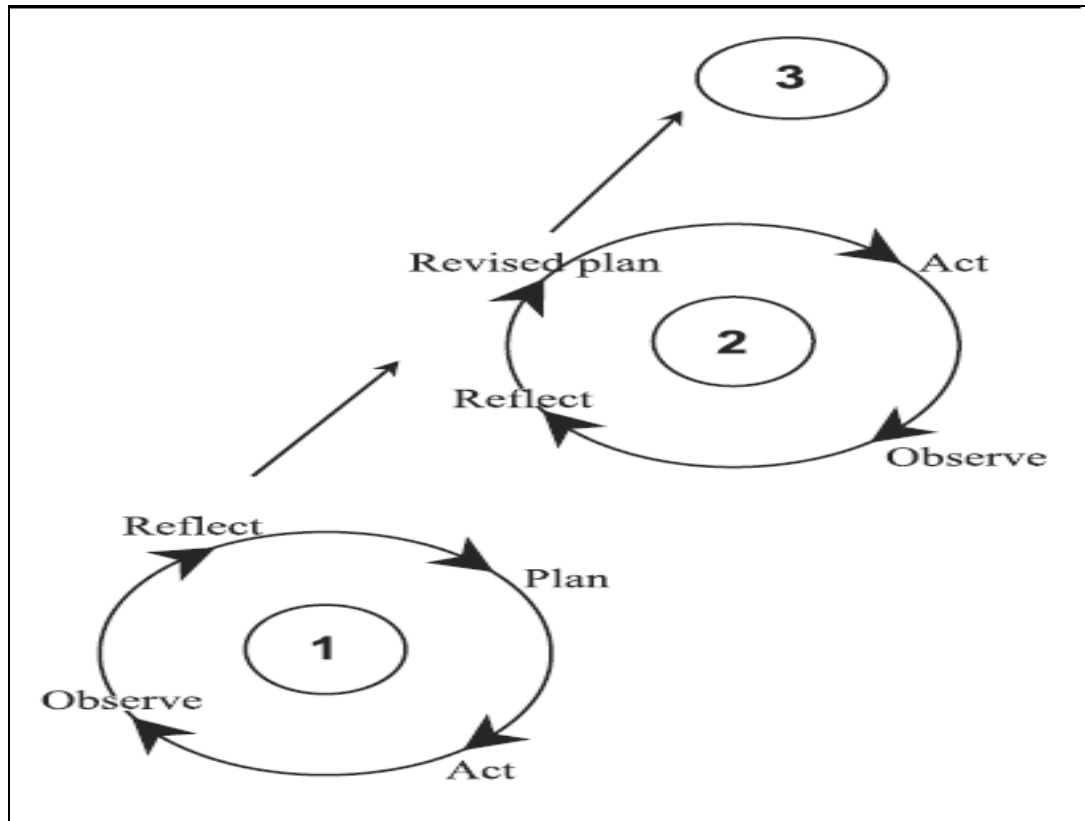


Figure 5- The spiral of action research cycles (Zuber-Skerritt, 2001, p. 15) based on Lewin's model.

The action research model is representative of Lewin's classical spiral model of action research cycles by Zuber-Skerritt (2001, p. 15).

Within the concept of the spiral action research cycle (Figure 5), there is a fundamental philosophy of looking forward and looking back that is stated by Grundy and Kemmis (1988, p. 324):

“Action research is a dynamic process in which these four aspects are to be understood not as static steps, complete in themselves, but rather as moments in the action research spiral” (Grundy and Kemmis, 1988, p. 324).

Therefore, the spiral process of the action research cycle is more complex than the simple linear models that are described in the literature (French, 2009).

Within the action research literature, there are different types of action research methodology that can apply to different research problems, which are discussed by various scholars. For instance, there are three distinct approaches (technical¹⁰, practical¹¹, and emancipatory¹²) of reflection in action research (e.g., Carr and Kemmis, 2003; Zuber-Skerritt and Perry, 2002) and were discussed in several other sources (e.g., Hawkins, 2010; French, 2009). Masters (1995) argues that these approaches are not differences in the methodologies. However, they are different in the underlying assumption and the epistemology of the participants that makes the variation in the application of the methodology.

The characteristic of the scientific approach of action research is to examine a specific intervention, according to a pre-set theoretical framework (single measurable fragmental) and the knowledge is predictive. The practical approach of action research is differentiated from the technical approach through the communication within a research setting. The practitioner and researcher both come to the conclusion based on dialogue in regard to a defined situation and mutual understanding. This approach

¹⁰ The technical approach is described as ‘technical’ (Grundy, 1988, p. 353), ‘a positivist perspective’ (McCutcheon and Jurg, 1990, p. 145-7), ‘the scientific technical’ (McKernan, 1991, p. 16) and ‘a technical collaborative approach’ (Holter and Schwartz-Barcott, 1993, p. 301).

¹¹ The second approach is described as ‘practical’ (Grundy, 1988, p. 353), ‘an interpretive perspective’ (McCutcheon and Jurg, 1990, p. 145-7), ‘practical deliberative’ (McKernan, 1991, p. 16) and ‘a mutual collaborative approach’ (Holter and Schwartz-Barcott, 1993, p. 301).

¹² This action research approach is called ‘emancipatory’ (Grundy, 1988, p. 353), ‘a critical science perspective’ (McCutcheon and Jurg, 1990, p. 145-7), ‘critical emancipatory’ (McKernan, 1991, p. 16) and called ‘an enhancement approach’ by (Holter and Schwartz-Barcott, 1993, p. 301).

attempts to understand practice, solve problems and to improve practice through self-reflection by a participant. The third type of action research approach is often termed 'emancipatory' action research and is defined in the situation based on values clarification (Masters, 1995). This approach goes beyond the other two approaches by aiming to assist the practitioner in identifying and making specific fundamental problems through increased collective knowledge and awareness (Holter and Schwartz-Barcott, 1993). This type of action research also provides a dynamic relationship between theory and practice during the project (Grundy, 1988) and makes the researcher a collaborative member of the group (Holter and Schwartz-Barcott, 1993). In emancipatory action research, the researcher's aims are to explain and resolve the problem by reducing the distance between the theory and the practitioner's identified problems (French, 2009).

The emancipatory action research follows critical intent which motivates action and interaction at all stages of action research. The critical intent plays an important role in the development of the theoretical perspective that shapes a project (Grundy, 1988). Kemmis and McTaggart (2000) distinguish emancipatory, critical or participatory action research from action research more generally. They identify seven key features of emancipatory action research. It "is a social process [...] is participatory [...] is practical and collaborative [...] is emancipatory [...] is critical [...] is recursive (reflexive, dialectical) [and] aims to transform both theory and practice" (Kemmis and McTaggart, 2000, p. 597–598).

Emancipatory action research relies upon the expert knowledge of all participants and is enacted in the potential unpredictability of real-life situations. Hence, it is a complex, time-consuming and risk-taking process that requires a critical openness to dialogue and learning on the part of all participants or stakeholders (Hunter et al., 2013). The structural model of classification between the different approaches of action research by connecting the theories of participation and emancipation influenced the reflection upon the outcomes of the current study. The power relationship between the participant (the author and case organisation) shifted from total control by facilitator (case organisation) at the beginning of the study to reside within the group as a whole (emancipatory) (Grundy, 1988). The researcher by achieving the position of an insider, within the case organisation, was able to establish dialogue and develop shared understanding and learning together with the participants by emphasising underlying assumptions, values,

and ways of thinking. As Maurer and Githens (2010) argue that dialogue is necessary for a more critical engagement with the organisation.

3.3 Adopting the appropriate methodological model

Action research starts with a vision of social transformation and aspirations for greater social justice for all by involving a high-level of reflexivity and sensitivity to the role of the self in mediating the whole research process. It locates the inquiry in an understanding of broader historical, political and ideological contexts and engenders powerful learning for participants (Somekh, 2011).

The action research method is chosen when circumstances require flexibility (a real world situation), the involvement of the people (organising workplace and the researcher) in the research, or where change must take place quickly or holistically (government and local authority policy) (O'Brien, 2001). Social problems within the world do not appear in neat disciplinary packages and are holistic. Action research has the capability to study complex, dynamic, and difficult problems (Coghlan, 2004). Whereby, action research has embedded reflection and critical planning built into its methodological system in order to give a researcher a real world framework (Hawkins, 2010). It is also designed as a process that involves changing or real problem experiments in social systems through changing the pattern of thinking and effective re-education, in cycles of identifying a problem, planning, acting and evaluating (Argyris et al., 1985). Moreover, action research strengthens the ability to self-evaluate and improve practice by enabling professional growth by enhancing critical reflection, decision making, and discernment (Coghlan and Brannick, 2010) in the language that is used to explain social situations in everyday life (Elliott, 1991).

McSweeney (2000) claims based on the nature of research in business studies some qualitative approaches such as action research is needed where an investigation is regarded as a dynamic process and a response to the problems encountered rather than the application of some predetermined set of rules. Such engagements are framed by situated understandings of the material in hand, the importance of the issues, reflexivity of analysis and a range of pragmatic values. In contrast, mainstream accounting research tends to follow a rigid set of principles based on positivism and quantitative methods (Baker, 2000), which he argues these principles may not be appropriate for all types of research specifically when it comes to understanding complex organisations and social

systems that research have aim to make impact on real world organisations. Action research as qualitative and interpretive approach has a high level of emphasises on critical studies and social change. As Baker and Bettner (1997) claim positivist paradigm approaches are unable of addressing accounting's complex social ramifications. Thus, this study responds to need for more qualitative, interpretative, and critical research studies in accounting research by applying the action research methodological approach. Action research approach seeks not only the realisation of useful knowledge, but effective changes in organisations and society by linking social problems and the understanding theory used to explain and resolve the problem.

In the current study, the researcher worked in the case organisation with the aim of improving, changing and understanding the work process (Zuber-Skerritt and Fletcher, 2007). Action research provided an appropriate research methodology that fitted the research objectives and bring the opportunity for inquiry into a social phenomenon (Whitehead and Elliott, 2007). Engagement with the practical needs an awareness of what and how the research is to be developed especially when the research applies an action research approach (Gibbon, 2010). McNiff (2002, p. 7) states “you must decide what is right for you”, as in real world situations the action research process may not be as neat as the spiral cycles of action research. In fact, the process is probably to be more ‘fluid, open and responsive’ (Koshy, 2011).

Action research methodology offers researchers unique opportunities of flexibility, which are the hallmarks of action research. However, following a particular model too rigidly may have an adverse effect on the characteristics of action research (Koshy, 2011). Also, the action researcher should always adopt the models which suit their purpose the best (McNiff and Whitehead, 2009), as one of the strengths of the action research methodology is the power to reinvent itself according to local need (Somekh, 2011). The emphasis on action research methodology is on ‘choice’ and not ‘prescribed’ (Costello, 2003). Whilst, researchers need to be aware that their chosen methods are consistent with both the action and the research aims of the project (Dick, 2002). In addition, Kemmis and McTaggart (1988, p. 5) acknowledge that “action research is a form of collective, self-reflective inquiry” that participants in social situations undertake to improve first of all, the rationality and justice of their own social or educational practices; and then, the participants’ understanding of these practices and the situations in which they carry out these practices. Furthermore, by considering the primary rule in

approaching quality in action research practice (Reason and Bradbury, 2001), it requires awareness of the choices one is making and their consequences and organisations as self-correcting systems (Argyris et al., 1985).

Zuber-Skerritt (1992) believes that the organisation should ‘own the problem’ and feel responsible and accountable for solving it through teamwork and by following a cyclical process of; (a) strategic planning, (b) implementing the plan (action), (c) observation, evaluation and self-evaluation, (d) critical and self-critical reflection on the results of process (a) to (c), whilst making decisions for the next cycle of action research that is, a revised plan, followed by action, observation and reflection, and so on. He also emphasises that action research only works successfully if all members of a team own the problem and are interested in solving it with the support of top management (Zuber-Skerritt and Farquhar, 2002). It is argued that problems cannot always be clearly defined at the outset and are often vague and have to be revised several times through trial and error. Change is not necessarily linear with a beginning, process, or end, but the change is evolving and ongoing (Zuber-Skerritt, 1996).

The research attempts to construct a model that is applicable in the present study, by taking all of the above considerations into account and in view of the fact that, despite the similarities across different models of action research, there is no single way of carrying out action research (Koshy, 2011; Coghlan, 2004).

3.3.1 The action research model in this study

In general, the developed action research model for this study follows the fundamental characteristic of the spiral action research model (plan, act, observe and reflect) to help the author to first determine exactly what she was attempting to discover or confirm in the research. It also was influenced by Zuber-Skerritt (1996), the emancipatory action research model for organisational change and development. He combined the classical spiral of action research cycles (Zuber-Skerritt, 2001) with extended use of the ‘task alignment model’ (Beer et al., 1990) by including “gets feedback on draft policies and reflects on the result” to overcome shortcomings in part of the action research process ‘reflection’. Also, he added the organisational change model “unfreezing, moving, and refreezing” (Lewin, 1952) by including a new step (revise) to overcome missing elements of the model ‘reflection’ in Lewin’s (1952) model of organisational change. Maurer and Githens (2010) suggest that the Lewin three stage process change

(unfreezing, moving, and refreezing) had a significant influence on organisational development theory and practice. In addition, other models such as Elliott's (1991) that stresses reconnaissance through fact finding and analysis within each stage of action, based on self-reflective spiral of cycles, (Kemmis, 1981) influenced developments in the model. The model developed within this thesis was influenced by other models that have roots in the original work of Kurt Lewin (1948); (Coghlan and Brannick, 2010; Costello, 2003; O'Leary, 2004; McNiff, 2002). The action research model developed for this study is one that combines and integrates steps from each of these models.

The starting point for any action research process is the generic steps of plan, act, observe, and reflect. Within each generic step there is an eight part structure that provides a rationale for each strategic intervention aimed at improving understanding of practice within the case organisation (Whitehead and Elliott, 2007). The model process is defined below and represented in Figure 6.

1. Plan (Strategic plan)

Action research generally starts with an idea that is a concern of practice with a desire to want improvement or change. The focus of the group is on the "thematic concern" (Hart and Bond, 1995, p. 54), where a research question identified in an action research study may be different than the 'thematic concern' (Kemmis and McTaggart, 1988).

1.1 Diagnosing the problem and/or to accept the need to change or improve:

This stage reviews current practices of the organisation, creating the motivation to change in an organisation through a disturbance that is called 'unfreezing' (Lewin, 1952), 'diagnosis' (Taba and Noel, 1957) as cited in Kemmis and McTaggart (1988), 'reconnaissance' (Kemmis and McTaggart (1988), and "notion in the practitioner's mind" (French, 2009, p. 194). This stage is philosophically similar to the reflection stage (French, 2009). Carr and Kemmis (2003) argue that this step gives the researcher a model to establish the circumstances of the study setting.

1.2 Describe and explain the relevant facts of the situation (Reconnaissance) that need change or improvement (Elliott, 1991):

The second part of diagnosing the problem is to change and develop new beliefs, values, attitudes and behaviours in the organisation on the basis of new information and insights ('moving' Lewin, 1952) in order to 'develop shared vision' (Beer et al., 1990).

1.3 Planning action:

The organisation will be able to ‘prioritise a list of actions’ within an adequate timeline (Elliott, 1991) by providing strong leadership and spread shared vision to all departments (Beer et al., 1990) and identify the ‘resource information’ (Elliott, 1991). Although the planning stage is deliberate by controlling changes, to develop plans, there should be concern for the plan being flexible to allow for any unpredictable changes during the progress of a social action project, i.e. the plan takes place in real-time (Whitehead and Elliott, 2007). Planning within action research requires decision making and the ability of practical judgment (Whitehead and Elliott, 2007).

2. Act

Action at this stage is guided by the planning stage. However, action research is described as fluid and dynamic, thereby:

“Critically informed action is not completely controlled by plans. It is essentially risky. It takes place in real time and encounters real political and material constraints” (Kemmis and McTaggart, 1988, p. 12).

2.1 Implement

This stage is all about taking action and implementation of the plan by stabilising and integrating the new beliefs, values, attitudes and behaviours into the rest of the system and reaching a new equilibrium (Lewin, 1952). At this stage the organisation also needs consideration of time to succeed in implementing a course of action (Elliott, 1991). This is the stage that the use of multiple techniques is recommended (Robson, 2002) where a variety of data collection tools are employed in order to gather valid, reliable and, comprehensive information about the impact of the practice upon the organisation.

3. Observe

The observation stage collects evidence for evaluation and provides the basis for the reflection stage. Observation also needs to be planned, however, the plan should be responsive and flexible, thus as to record the unexpected and respond to an expanded view on the subject under consideration (Kemmis and McTaggart, 1988).

3.1 Evaluation/observe

This is the stage that requires frequent observation and evaluation of the process and any change by monitoring and adjusting strategies in response to problems in the revitalisation process (Beer et al., 1990). Any evaluative data about the change would be analysed.

4. Reflect

As the identification of the constraints, benefits and any changes in circumstances due to the implementation occur at this stage, where data analysis provides insight to move the process forward (Grundy and Kemmis, 1988) through subsequent reflection.

Reflection leads to a critical review of the meaning of the social situation and provides the basis for future planning of critical informed action (French, 2009).

4.1 Reflection and reconnaissance

The critical reflection stage explains any satisfactory or failure in implementation as well as reviewing the change obtained through feedback previously recorded in the evaluation step (Robson, 2002); hence the evaluation step is an integral part of this stage (Whitehead and Elliott, 2007).

The last stage of the action research cycle is influenced by the McKay and Marshall (2001) action research model. In the last stage, after reflection on each individual act, there is consideration of a final outcome of what has happened and this then contributes to the foundation for future planning. Once each individual action is examined either as being satisfactory for the plan and will be recorded as a positive outcome, or as a failure or the need for more improvement, Then the plan or part of the plan feeds back to the cycle with a revised plan, alongside other new and existing plans until a satisfactory result has been achieved with that aspect of the work. The action research model summarised above is presented in Figure 6.

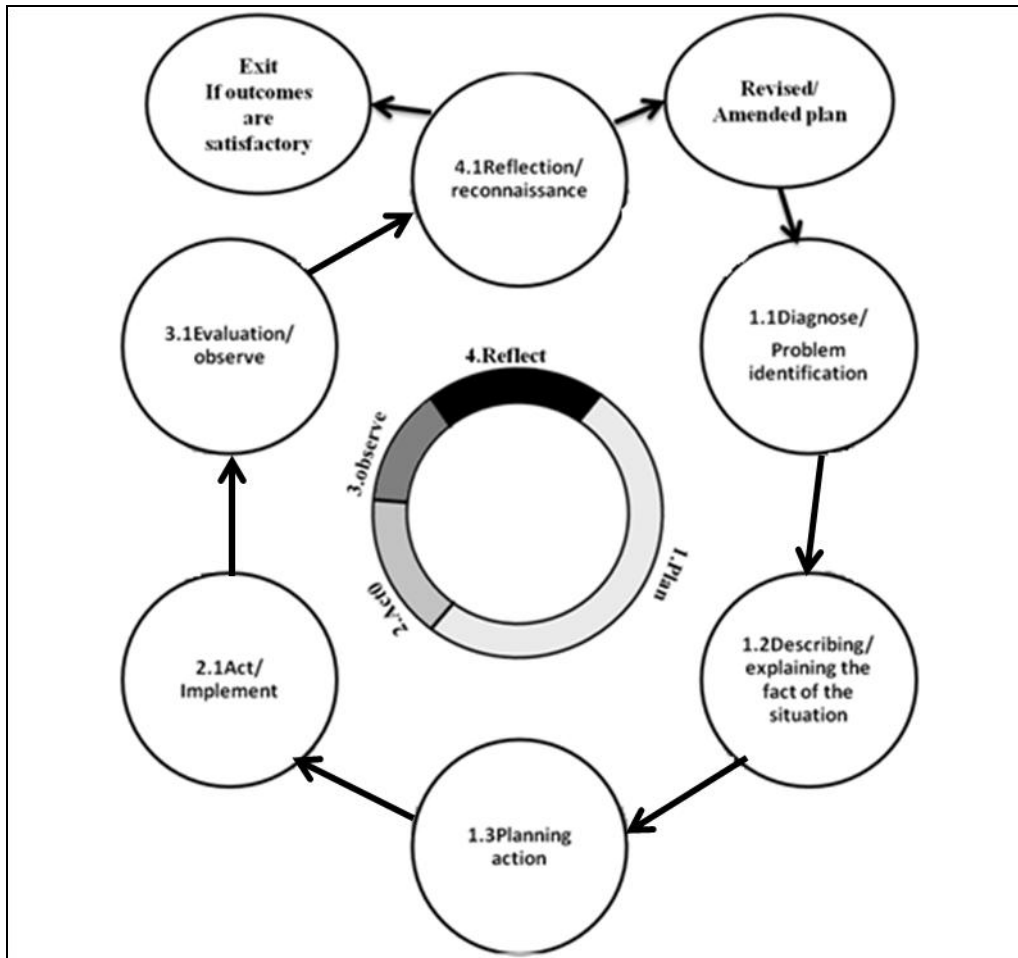


Figure 6- The current study's action research model

The action research model developed for this study is depicted in Figure 6.

As the research situation demands responsiveness during the research project; the cyclic process model, moving towards a better understanding and improved implementation based on evaluation and critical reflection with the overall aims of positive change (Figure 6). Within this model each act/plan would have its own cyclical process and there will be overlap between various implementations, there will be case-by-case parallel cycles with different time sequences that occur during the research timeline but cannot always be assigned neatly to a specific action. Accordingly, the acts are not equally weighted as each act follows a different set of practices. Furthermore, the model also takes into account that action research can lead to more lengthy and substantial studies within research settings (Costello, 2003; O’Leary, 2004; Coghlan and Brannick, 2010). O’Leary (2004) argued that action research is an experiential learning approach to continual change and improvement that includes consideration of the understanding developed in the earlier cycles.

3.3.2 Credibility, validity and reliability of the model

Action research methodology, as with any other methodological model, has both advantages and disadvantages. In general, there are potentially some positive outcomes of applying action research that are identified by Prideaux (1990); a change in the situation, practice or behaviour, improved understanding of the situation or behaviour, development in the competence and practice of the researcher. In addition to the store of knowledge and theory available to the wider professional and general community, it helps improve understanding of the processes through which individuals, groups, organisations or larger social systems change. Somekh (2011) states that the distinct nature of action research and the quality and reliability of the knowledge that action research generates, to inform practice and policy, allow the empowering effects on participants and their communities. Therefore, action research can be seen as a demonstration of the process of praxis, the values of celebration, and practitioner inquiry (Somekh, 2011).

Despite all the benefits of action research, the model has some limitations. It may be argued that researchers have limited control over the environment in which research is conducted. The approach is also criticised as the findings from action research cannot contribute to wider knowledge and consequently cannot be generalised. However, practice-driven research in local settings has rarely been suitable for conclusions with

universal application (Denscombe, 2010; French, 2009) but can offer contribution to existing theories and knowledge. Moreover, Somekh (2006, p. 3-4) acknowledges that

“Knowledge acquired from action research involving close partnership with participants is quickly validated and appropriated by those in similar situations who recognise its immediate usefulness”(Somekh 2006, p. 3-4).

Other challenges to action research have been identified due to the research being used in real-time and concerned with finding a solution to real problems as opposed to a planned experimental study. There are also issues regarding the resources and action research being needing a large amount of time.

Robson (2002) emphasises four strategies to overcome threats to the validity and reliability of action research, including prolonged involvement in the study that may take place over weeks or months. The use of more than one method of data collection and drawing on both quantitative and qualitative approaches, as action research does not require any specific accepted method of data collection (Holter and Schwartz-Barcott, 1993). Finally keeping a complete record of research while carrying it out is central to action research (Robson, 2002). Accordingly, triangulation is a “method of cross-checking data from multiple sources to search for regularities in the research data” (Vidovich, 2003, p. 78). Hence, as Altrichter et al. (2008, p. 147) claim triangulation “gives a more detailed and balanced picture of the situation”. In this study, reliability was achieved through triangulation of collection methods.

The basis of validation within the action research process is the conscious and deliberate enactment of the cycles (Coghlan, 2004), which enable action research to continuously improve the process quality and outcomes in practice (Schmuck, 2009). The logical cycles of reflective evaluation ensure that researchers are able to generate proxies, higher order thinking and trustworthy project findings (Johnson, 2008).

3.4 Data Analysis

The data collected using various methods includes the researcher’s experience within the research, the analysis includes reflection as the last stage of the action research model. The reflection stage is used to interpret and analyse the data, providing insights into the project whilst moving the process forward (Grundy and Kemmis, 1988).

The final step of action research 'reflection' plays a key role and is influenced by the different perspectives of the participants within the process (Grundy, 1988). Carr and Kemmis (2003) acknowledge that action research only creates change if reflection is present and only becomes feasible when participants develop the ability to reflect by engaging in reflective practice believing that 'reflection finishes before the action begins' (Carr and Kemmis, 2003). Reflection is an important method of improving and building a repertoire of professional knowledge (Schon, 2007) and learning that is embedded in the process of action research. Reflection enables a researcher to inquire, observe, and collect data as well as to have dialogue during the study. There are different tools that can be used as aids to the reflection process such as autobiography, journals, metaphors, dialogical conversations between internal voices, and flow-of-consciousness recordings (Leitch and Day, 2000).

Reflection leads to a critical review of the meaning of the social situation and provides the basis for future planning of critical informed action (French, 2009). Critical reflection as the last stage in the study explains any satisfaction or failure of implementation as well as reviewing the change whilst obtaining feedback (Robson, 2002). Reflection helps the researcher (myself) to make a more informed decision on which direction the action research cycle should move, forward to the next step, back to the previous step or, stay within the same step for further data collection and analysis.

The action research aim is all about results and making changes. It helps the researcher to maximise the results of the next implementation. Simmons and Gregory (2005) acknowledge that the action research process affects participants' perspectives toward continued professional development and empowerment that lead to sustainable changes. In the reflection and the reconnaissance stage of the model, the participants (case-organisation) and the researcher (myself) reflect on the data analysis of the current research study. For each individual act there is a consideration of the outcome from the themes of data that were gathered. Each act will be examined based on the finding either as a satisfactory outcome that will exit the process as a positive outcome, or as failure or need more improvement. Therefore, the plan or part of the plan feeds back to the cycle with a revised plan alongside with other new/existing acts/plans until a satisfactory result has been achieved for that part of the work.

The following sections provide an explanation along with the relative advantages and disadvantages of the various methods used to gather data within the current research setting.

3.5 The research data generation methods

One of the advantages of action research is that a variety of data collection methods can be employed depending on the organisational environment (Sankaran and Tay, 2003; Holter and Schwartz-Barcott, 1993). Elliott (1991) mentioned numerous techniques and methods to gather evidence in action research which are: diaries, profiles, document analysis, using an outside observer, interviewing, shadow study, checklists, questionnaires, and analytic memos.

Within the study setting, methodological triangulation (Robson, 2002) was used to gather data under the action research model as an umbrella. Data collection was mostly qualitative, and there were some quantitative measurements included such as statistical measurement. The multiple collection instrument employed in the current study included participant observation, indirect and informal internal and external interviews, documentary evidence, field diary and notes, social accounting and audit (SAA) model and basic statistical models. This section provides an explanation of the variety of data gathering methods and techniques that ensured reliability and validity. It also demonstrates the relative advantages and disadvantages of the methods used in this study within the action research model.

3.5.1 Participant observation

In general, participant observation is a process that enables researchers to learn about the activities of participants in their natural setting through activity observation and participation in the day-to-day or routine activities (Kawulich, 2005).

For the purpose of the current study, participant observation methods are employed to diagnose, describe and explain the relevant facts of the situation that need to change or be improved upon. Thus, participant observation is used to identify and guide communication with the case organisation; understand how things are organised and prioritised within the organisation. The method helps understand how people interrelate with the project and the cultural parameters that are known to the cultural members, leadership, politics and social interaction (Schensul, 1999).

A number of strengths relating to participant observation are considered, in this study, these include access to the 'backstage culture' that provides a rich source of high quality, detailed and in-depth knowledge of the situation. There is also an opportunity to collect different types of data that are gained after being part of the system and having the access to the inside. It also provides the environment for researchers to observe people's behaviour, which allows researchers to understand the social pressure/influences and a group norm (DeWalt and DeWalt, 2002).

In this study, participant observation is used alongside additional strategies such as unstructured interviewing, document analysis and questionnaire to increase the validity of the study (DeWalt and DeWalt, 2002). Likewise, in terms of observing/collecting relevant data, DeWalt and DeWalt (2002) recommend that events can be regular and irregular activities. The researcher should search for a variety of viewpoints to view the event as a whole as well as look for the negative or exceptional cases.

3.5.2 Indirect internal/external interview

An indirect/exploratory unstructured method¹³ of internal and external interview was employed in the present study, to gain an understanding of what had gone before in the history of the organisations' engagement with key stakeholders. Patton (2002) represented unstructured interviews as a 'natural extension of participant observation' fieldwork.

There were unstructured open questions to key stakeholders, in particular staff. These were conducted based on conversational/dialogue style that started with questions from the author during the course of formal meetings and/or informal conversations within the organisation. Open ended questions such as "what got them interested in social measurement and development of the social accounting?", "what they had experienced so far and their thoughts and learning about the progress?" helped the researcher to develop a deeper understanding and to identify key aspects of the project. External interviews were organised where possible to gather information from similar organisations which have implemented similar systems. In addition to all the above, external consultations conducted where possible within another similar organisation to maximise data.

¹³ In the literature, the following terms are used interchangeably: informal conversational interview, in depth interview, non-standardised interview, and ethnographic interview (Zhang and Wildemuth, 2009).

3.5.3 Documentary evidence

Van der Waal (2009) claims that in organisational study a variety of data sources alongside what the organisation publishes, are important, these include the website and a range of documents (e.g., minutes, reports). In the current study, the documentary evidence method was utilised to collect data from these sources and helped establish prior knowledge background of the case organisation. The documentary evidence included policies, minutes of meetings, and clients' paperwork.

3.5.4 Field diaries and note (Reflexive Journal)

The reflective diary kept during the fieldwork period helped the researcher (myself) keep a progress check on project (Symon, 2004). In addition, writing a reflective diary is used as an integral part of professional development of the author (Koshy, 2011). The aim of keeping a diary is to record significant events as well as the author's feelings and experiences during observations and the research process itself. The advantage of keeping a field diary and notes, from meetings, was that it required the author to continually perform 'reflective thinking' (Schon, 2007). By documenting regularly the cycles of the research process, specific reflection on initial thoughts, assumptions, and experiences, significantly helped at crucial periods in the study and at the later stages when writing up the research (Van der Waal, 2009).

3.5.5 Social accounting and audit (SAA) model (Pearce and Key, 2008)

In this study, the social accounting and audit model (Pearce and Key, 2008) was a one method that began the first phase of the study. The first point of any action research is to diagnose the problem that needs to be changed or improved. Therefore, the first attempt was to trace the background information about the case organisation. The background study was inspired by the social accounting and audit process (Pearce and Key, 2008) (Figure 7). The focus was on the case organisation's current practice regarding outcome measurement movement, which is discussed in step one and two of the progress mapping by Pearce and Key (2008). The model also influenced the social accounting framework that was adopted by the case-organisation in a later cycle of the research.

In this research context, the process (Figure 7) includes four stages: (I) getting ready by understanding the organisation environment in regard to activities, management and resources; (II) making the foundation for the social accounting such as developing

vision and mission, value, recognition of key stakeholders and setting up the objectives of the organisation; (III) preparation for outcome measurement in terms of data gathering and analysing; and (IV) social reporting on the change (Figure 7).

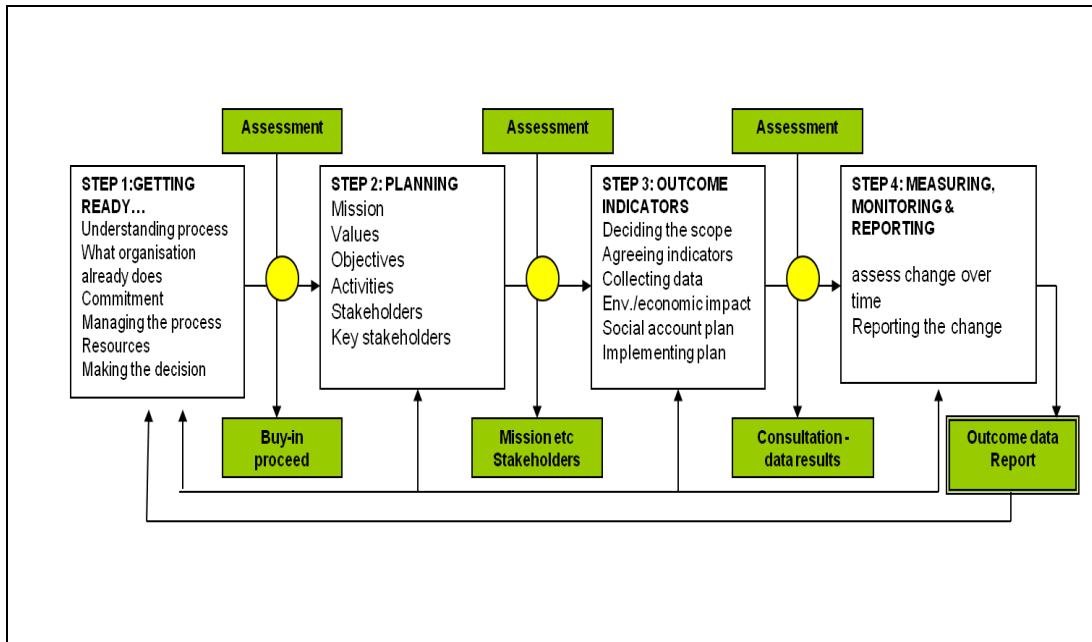


Figure 7- Social accounting progress mapping (Pearce and Kay, 2008)

The social accounting and auditing framework by Pearce and Key (2008) that illustrates the process of outcome measurement and the production of social reports by an organisation.

3.6 The research participants (Collaborative framework)

The core principle of the process of conducting fieldwork is to gain entry into the community. Kawulich (2005) claims that the degree of participation within a study makes a difference in the quality and quantity of data collected.

Action research as a qualitative approach was described as the endeavour of people that are involved in the cycle of planning, acting, observing, and reflecting on their work and produce a report on that experience (Altrichter et al., 2008). It is important in any action research setting to identify the work group (participants/location) within the study setting.

The principle in which action research is conducted (Somekh, 2006) is a collaborative partnership of participants and researchers, with the aim of “generating new insights that can simultaneously serve both the action and creation of new theoretical development” (Adler et al., 2004, p. 359). Action research implies the trial of new ideas and implementing an action for change.

Action research requires direct participation in a dynamic research process that intends on practice improvement, while monitoring and evaluating the effects of the researcher’s actions (Dick, 2002). This collaboration between the researcher and what may be described as the ‘problem owner’ is essential for the success of the action research process (McKay and Marshall, 2001). In addition, Patton (1990, p. 461) emphasises that the “researcher is the instrument in qualitative inquiry” and that the credibility of the researcher and the way in which that person conducts the research process will ultimately and significantly affect the outcomes of a project. In action research, the researcher is not separated from the research case, but is an intimate part of it (French, 2009).

In this study the participants are myself, as a researcher and fellow worker, and the case organisation, Norcare was the location of the project.

3.6.1 Access

The commitment or responsibility of both the researcher and the case organisation are fundamental to the success of this type of project. The researcher, myself, and the

system, Norcare, are linked through the process of action research in the current study is highlighted by Coghlan and Brannick (2010). The form of the commitment is described as commitment to self-study or to no such commitment. Coghlan and Brannick (2010) explain the situation of the researcher and the system as a commitment level within the self-study within action research. In the matrix model (Figure 8), the horizontal axis represents the researcher's commitment and the vertical axis represents the system. The first quadrant is *traditional research approaches* where there is no engagement in self-reflection in any stage of a research process by the researcher and the system itself. *Pragmatic action research* is the second quadrant that involves internal consulting and learning with the system in action. In the third quadrant the individual (researcher) is engaged in *reflective study of professional practice*. The last quadrant is *the large scale of transformational change* that involves active participation and reflection by both the researcher and the system (Coghlan and Brannick, 2010) (Figure 8).

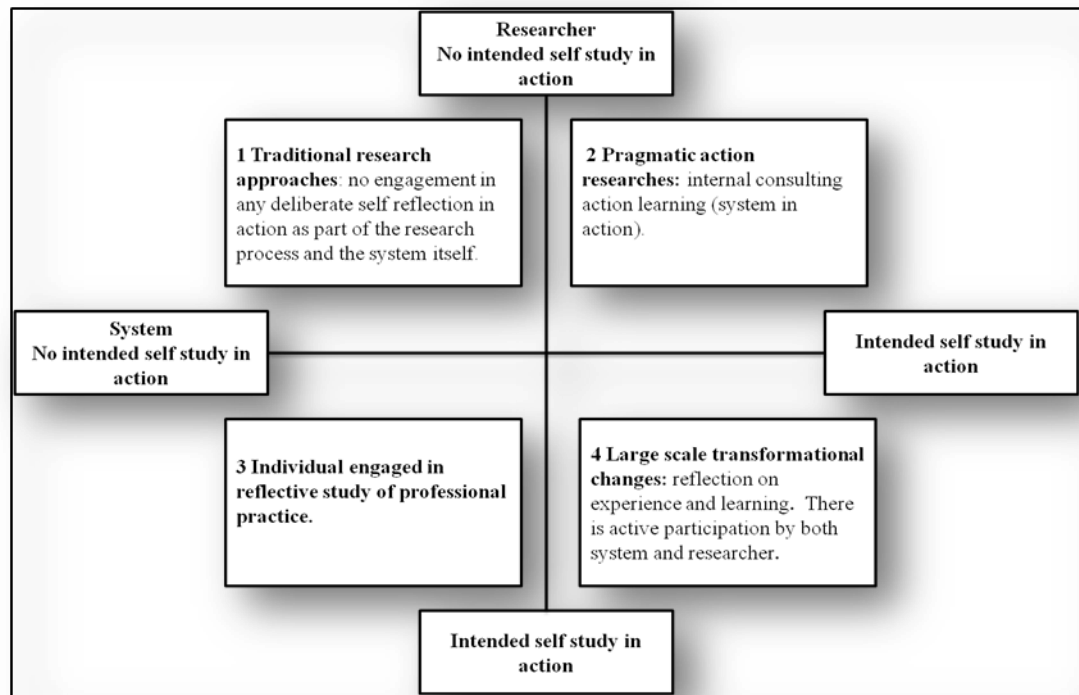


Figure 8- Focus (commitment to self-reflection) of the researcher and the system (Coghlan and Brannick, 2010)

Coghlan and Brannick (2010) emphasised the commitment (self-study in action/ reflection) of the researcher and the system in any action research setting by introducing four 'Quadrants' of commitment.

The research within the current study started at quadrant two, where the practice starts by engaging with the organisation in a face to face group. In this stage the researcher (myself) attempted to bring the action research cycles of inquiry to a project as an orientation to inquiry to engaging theory and practice, researcher (myself) and system (Norcare) in the organisation everyday experience and academic knowledge.

The commitment level improved to level three by development of effective teamwork, monitoring the project, and other forms of engagement, where both researcher (myself) and the system (Norcare) bring their own different knowledge, skills, and perspectives to the improvement of performance. Therefore, emerging from quadrant two to third quadrant accrued as the researcher became increasingly familiar with the environment and as an understanding of the context by participants evolved, due to work collaboratively on scope of the project, identify key objectives, gather information through an interactive process. From the very earliest days of the project researcher (myself) discussed their desire to include whole organisation people in the process in some way that she believed would validate the research inquiry by involving more staff. Also, all gathered information reported by researcher (myself) to the organisation into a form which the organisation can understand and aid dialogue with their stakeholders to explore the accuracy, implications and practical outcomes that the project offers.

The project reached quadrant four by the end of cycle two of the project (Coghlan and Brannick, 2010). This transformation happened when the share vision of identifying key concerns/ objectives, and engaging in explanation of them shaped in later stages as the organisation become more concerned with the learning process in perceptions and practices are expressed and revised in communications.

3.6.2 Ethical considerations

The research followed an action research methodology that engages in real-world conditions through participant's involvement. Winter (1996) claims that researchers are required to consider the ethical considerations in the conduct of their research. A number of principles are acknowledged by Winter (1996) in conducting an action research study such as: the research is obliged to establish the commitment that allows consultation with all the relevant participants and must allow them to influence the work. The research progress must remain visible and open to suggestions from others

during the development of the work. The researcher requires permission before obtaining any observations or examining documents. The researcher is obliged to retain the confidentiality in both research and publication of the research (Winter, 1996).

Prior to the research there was a preliminary ethical assessment and ethical agreement between the researcher, University, and the case organisation. In addition, confidentiality was maintained through various measures. For instance confidentiality was a crucial element within access to any client data due to the sensitive nature of some elements of the client's life. Once approved by those parties to perform the current study to implement the project, the researcher was given complete access to all data that she required to conduct the research. However, there was the requirement of supervised access to some of the case organisation's data, e.g., the minutes of Board meetings.

3.6.3 Interactive engagement

The fundamental elements of action research are collaboration through participation, acquisition of knowledge and, social change (French, 2009). Action research is an inquiry that is done 'by or with' insiders of an organisation or community, but never 'to or on' them (Herr and Anderson, 2005). Hence, communication in action research is not hierarchical but, is rather aimed at open and symmetrical communication (Carr and Kemmis, 2003) which is open to questions, ideas and ways of thinking that lead to commitment to free and open discussion (Elliott, 1991). However, organisation life is overt conflicts of interests, as well as mutual interests, and 'similar concerns and interests' (park, 1999) is not always the case such as a different definition of, interpretations of reality. Therefore, there are ongoing challenges of fundamental conflicts of interest and perspectives in relation to the issue of power in an organisation need to be considered in conducting of action research study (McSweeney, 2000).

Action research is so intimately bound up with people's lives and work; it is necessarily an emergent process (Reason and Goodwin, 1999). Researchers take on the role of active consultants, and influence the process under study by applying the action research method, (Gummesson, 2000), with the goal of improving the performance, quality of the community or an area of concern (Reason and Bradbury, 2001). Consequently, action research is a democratic process that seeks to do research with, for, and by people to redress the balance of power in knowledge creation; and to do this

in an educative manner that increases participants' capacity to engage in inquiring lives (Reason, 2006).

Accordingly, the current research shares some principles with participatory and ethnographic research. For instance, the first rule of participatory research is that it begins with people's problems (Park, 1999). This is due to the needs that arise for people in the course of daily living that calls for investigation and action. Also, Van der Waal (2009) argues that ethnographic research is time intensive and should not be rushed at the start, in terms of finding the right research setting, gaining knowledge about local role players informally and establishing contact and dialogue with them. The other similar characteristics that he mentions are: understanding the organisational processes, the issue of gaining access to an organisational research situation by being open to opportunities, maximising social relationships, building on shared social experience, and having the ability to turn unexpected difficulties into opportunities (Van der Waal, 2009). Park (1999) mentions participatory research cannot be motivated by an outsider and an important tenet of participatory research is that the researcher and people involved engage in the research process to the fullest extent possible. Thus, being the member of a group and accepted as an insider in an action research approach is another principle that is shared with participatory research.

The current research aim was to go beyond the traditional research setting and engage myself as the researcher and Norcare as the subject in interactive dialogue, where both parties interactively engaged in the research and were an active part of finding solutions, developing ideas and testing them. Thus, the decision for the use of an insider action research approach in this study was based on the idea of an interactive research environment with collaboration in both design and implementation of the system, which provided a reflexive engagement between participants. It also enabled me as researcher to make a conscious point of positioning myself as both researcher and fellow worker in the research setting and Norcare gain empowerment from being involved in the research setting.

In addition, Maurer and Githens (2010) discuss dialogical action research. Dialogic action research claims the critical engagement of individuals, organisations, or communities when undertaking an action-oriented investigation into organisational issues or problems. Maurer and Githens (2010) believe that dialogic inquiry requires careful planning and skilful application of techniques that lead participants to dialogue

through inquiring into accepted norms and mental models and allowing them to question dominant values. Maurer and Githens (2010) claim this type of dialogue rarely occurs automatically or naturally, but it is an important element in organisational development. The current study setting acknowledged that all members of the organisation bring valuable knowledge and skills to the research environment. They contribute in the research setting by an ongoing process of planning, action, evaluating the result, and moving on to further planning and action to have an effective change within the organisation and decision making process of the organisation through interactive dialogues.

The researcher is responsible for ensuring the identity, voice and, reflexivity of the research with a praxis approach of research, such as insider action research. The researchers are also involved with a greater level of accountability to the organisation and need to remain accountable for the organisation's needs.

Based on the case organisation's responsibility setting and structure, it was not in the hands of the researcher to select the direct participants in the study. Thus, the Head of Quality Assurance and the Information Officer were the main contact points for the researcher because they were responsible for reporting the outcomes report.

Nevertheless, there were other participants from the organisation that had an influence throughout the study period. The roles, functions, and responsibilities of the participants in the research setting are illustrated in Appendix 1 as they are frequently discussed throughout the research.

Although the entire organisation had an association with the research process for practical reasons the “Outcomes Steering Group” were the main group directly involved with the research. The group received contributions from other staff with their input and influence within the social impact measurement project. The Outcomes Steering Group included key staff from each department, including the Head of Quality Assurance, the Information Officer from corporate service, and the Client Empowerment Officer from service delivery. The Outcome Steering Group provided me (the researcher) with peer support and guidance throughout the research period.

3.7 The research setting

The action research model was designed to be conducted in the case organisation (Norcare). The goal of this research was to provide a written account of the journey from the initial idea of engaging in social impact measurement and the production of social accounts through the experience and reflection of the author. The focus is based on change and development within a social situation, the organisation's workplace, and the involvement of the author as an insider participant. The project was participative through involvement with the organisation as the themes of lived experience using the insider action research approach as a way of knowing (Reason, 2006) and as a way of understanding the relationship between the self as a researcher and others as organisational participants and the wider community (Park, 1999).

The researcher was involved in the organisation for three days a week as a fellow worker and facilitated the process by helping the team to develop the knowledge and skills needed to support social impact measurement whilst working towards the transformation of the organisation culture through engagement with the project.

The action research model draws on the process that includes plan, act, observe and reflection as a core cycle followed by more detailed process cycles. Despite all the steps occurring in sequence, this model is not a complete sequential model as it involved a reflection stage that makes a recursive sequential model.

The first stage starts with a plan for the whole project (outcomes measurement). This stage briefly involved diagnosing the problem, explaining the facts of the situation and planning action for changes and improvement that need to happen in order to achieve

the overall aims of the project. Further on, based on the problems that were identified in stage one, the act and implementation stage occurs (Stage two). Within stage two there was ongoing consideration of stabilising and integrating the new system as well as being aware of time pressures and that the project needs to succeed. Stage two saw the use of multi-techniques, securing any limitation in case of data access limitation. Stage three was used to observe actions and their consequences that were discussed in the previous stage. Finally, in the reflective stage, the outcomes are accessible and the decision will be made whether or not the project achieved its requirements. If the requirements were not achieved, the plan would be revised and all the stages will be processed in sequence again and recur until the desired satisfactory outcome was reached.

Although the research study employed the reflective action research model to investigate the actual experience of how Norcare engage and implement its social measurement, by conducting the study into identifiable stages; it was apparent that events within the study were intertwined and overlapping rather than following a linear stage. As Gibbon (2010) claims, the first part of any organisation's involvement in a social measurement or accounting journey is a unique experience and the actual research experience is messy and does not always follow a straightforward path; although the process of developing social accounts follows a linear time-scale.

3.7.1 Time scale of the study

The findings are shown through three action research cycles. The research study was conducted through three cycles with different durations that occurred between October 2010 and July 2012. The first cycle of the study covers the foundation/groundwork of social impact measurement within Norcare. The first cycle covers the period of October 2010 (when the research started) to July 2011, when the first outcomes report was produced internally for Board meetings. Cycle one reflected on the initial plans and the start of the researcher within the system, finding starting points and negotiating the study with the case organisation. The first part of cycle one occurred in a period of October 2010 until January 2011, the time when the project reached the agreed point on actions towards a process of social impact measurement. Cycle one as the first step influenced the further research process (Wicks and Reason, 2009). Wicks and Reason (2009) refer to this stage as 'opening up the communicative space' where difficulties encountered in encouraging open communication, participation and engagement will be

highlighted. This cycle helped by identifying the resources and finally initiated a list of actions based on the problem identification and the objectives of development of social impact measurement system within the case organisation.

Cycle two represented work in progress based on revised plans as well as new plans as a consequence of the events in cycle one. Cycle two addresses the time frame between August 2011 and December 2011. Cycle two ended in December 2011 because the organisation decided after review to introduce a new structure and the addition of a new joint partnership that would influence the outcome measurement work. This cycle included redefining and developing the framework for capturing outcomes for reporting purposes. The last cycle (cycle three) included an interval of six months (January 2012 to June 2012) that took place to produce the first outcomes report for external stakeholders. Dick (2002) suggested that based on the results of earlier cycles, including both data collect and literature review, the researcher can challenge the information and interpret them in later cycles. Through the process, the participants refined their understanding of the situation of the study.

3.8 Summary of the chapter

This chapter has presented an insider action research as the chosen methodology for the investigation of the development and implementation of social impact measurement within the case organisation. The core principles of an action research methodology are relevant to this study, i.e., action research integrates research and action and investigates innovation by a collaborative partnership of participants and researchers. It involves the development of knowledge and understanding of a unique kind that involves exploratory engagement with a wide range of existing knowledge.

Multiple methods have been used in order to gather results that provide in-depth insight and analysis of the case organisation. The particular methods have been chosen to address the reliability and validity threats and overcome any data access limitations. The instruments of multiple collection help the research achieve triangulation of the data that includes a well-rounded view of the study from a variety of perspectives.

The chapter has defined the theoretical action research approach and the variety of methods that provide a methodical structure for implementing and analysing the process

of change and development of social impact measurement and the production of social accounts through systematic and conscious data collection, data analysis and reflection. The chapter describes the participants of the current study, those involved in the present study, the researcher (myself) and the case organisation (Norcare) and their role and function. The author's intention was to identify the main participants and each individual role and interest within the current research setting. Thus the chapter briefly included the role of the key actors in the research study described within the case organisation Norcare. The chapter also emphasised how the study was conducted in the format of the time sequence of the current study and the rationale for choosing to include the three action research cycles within the study. Therefore, all the characteristics of the action research method were incorporated and involved within the project and organisation over the 22 month period. The period from October 2010 to July 2012 served as a time boundary for the current research. Presentation of the findings follows the timeline represented in the next section of the thesis. The next three chapters explore the various events and actions that occurred over the period of the study in regard to developing the practice of social impact measurement in Norcare. Furthermore, the chapter identified and described the role of the participants in the research process including the researcher as an insider and the key roles within the case organisation.

The following section provides an account of the three action research cycles. The focus is on the development of social impact measurement and social accounts, through the case organisation and the author's experience with action research and reflection. The next chapter will investigate the background of the case organisation in detail and their involvement in social impact measurement development.

Section C: Development and practice of social impact measurement in Norcare

Introduction to section C:

Knowledge gained through people's lived experiences and aims to empower the organisation to produce future knowledge and action that will benefit them directly in the short and long term (Reason and Bradbury, 2001). Fieldwork is usually undertaken to address a specific research question in a particular situation that each may be unique and not able to be repeated. Action research requires a problem focus and a change orientation and in reality the whole action research process involves the complexity of multiple activities accruing during the research process. Therefore, there are ongoing challenges of fundamental conflicts of interest and perspectives in relation to the issue of power in a project (McSweeney, 2000).

I remained with the organisation for over a two-year, observing and participating in real-life situations. The situation of my involvement into Norcare; the unusually powerful position of the new appointed management team and support of the project; my strong motivation to conduct the research and becoming closely involved in the project resulted in quite beneficial engagements for both parties. These arrangements had advantages and positive outcome for the organisation and me in order to finalising my thesis.

This study conducted a two years field experiment that was designed to examine how the social impact/outcome measurement (social accounting) could be developed to evaluate a third sector organisation such as Norcare by an integration of theory and practice. In addition, how a social accounting framework is implemented and what dimensions of accountability are involved within an organisation engaged in social impact measurement. Additionally the organisation's stakeholders may have an intangible influence on social accountability within this context. This study focused on issues in nonprofits setting. This fieldwork research is representative of a growing segment of social accounting demand and identified barriers to the practice of and links to the theory of accountability which seeks to change not just the social setting in which the nonprofits exist, but the larger society.

Establishing contact: meeting the participants

The research study started officially in October 2010 and I had the opportunity to have an introductory session with the Head of Quality Assurance¹⁴ and recently appointed Information Officer. These members of staff were responsible for the project and they were my direct contacts during the project.

In an attempt to establish communication and gain access to the case organisation during October 2010 to January 2011, the main objective was to learn as much as possible about the participant as well as the factors underlying their practice of social impact measurement. In order to engage with the organisation, the starting point for me was to develop an understanding of Norcare and the story of the experience and reflection of the journey of social impact measurement by liaising with and understanding the perspective of staff. I applied participant observation to gain the required knowledge.

My plan of action was to participate in as many meetings as I could to gain as much information as possible from Norcare in regards to their organisational environment and staff to overcome the challenge of being accepted as an insider prior to the research study. On top of all the attended activities and meetings, individual meetings were arranged to meet all the staff that were to be involved in the research study, such as the Chief Executive, Service Improvement Manager and Performance and Needs Analyst. At this stage, I did not have full access to investigate inside the organisation. Thus, the information was limited to my observations from my participation in meetings, informal/unstructured interviews with participants, and limited access to the organisational documents.

In this study due to the involvement of Norcare before the execution of project activities, there was considerable preplanning (diagnosing) and management had already decided that extensive changes were required. Therefore, the issue for Norcare was not whether changes were required, but how much change and which changes. The initial objectives were agreed with the 'Head of Quality Assurance' and the 'Information Officer' in line with my overall research objectives as the following topics:

¹⁴'Head of Quality Assurance' superseded 'Service Improvement Manager' post.

- a) Informed understanding of the organisation's system and its potential benefit which may improve Norcare's future performance.
- b) Linking the social objective into strategic planning and establishing social accounting as codes of practice.
- c) Developing a management information system that includes social impact measurement as its main measurement indicators.
- d) Research the potential of employing the developed system for other similar organisations.
- e) Investigating the link and possibility of integrating the Quality Assurance Framework (QAF) external auditing of performance and social impact measurement.

The whole process was informed by underlying theories related to the research and it was the interaction between theory and practical action that provided the interactive to undertaken improvement. The dynamic relationship between theory and practice was the essential requirement during the course of the project.

The action part of the project started during January 2011, when the project reached the agreed point on action towards a process of developing the practice of social impact measurement and producing the outcomes report through social accounting.

Layout of the section C: This section was designed around three cycles of action research each ranging from six to eight months per cycle, the research took place from October 2010 to July 2012. The work was undertaken using the action research framework described in chapter 3. Planning (Figure 9) for each cycle of the study was measured by the progress against the steps in social accounting (Pearce and Kay, 2008): step 1: Understanding process (Background study); step 2: What difference do we want to make? (Organisational Mission Clarity); step 3: How do we know we are making a difference? (Data Collection); step 4: What is the difference we are making? (Analysis and Draft Accounts); and Step 5: Can we prove that we made a difference? (Audit).

During cycle one the main focus was on step one and two and all the underlying issues that influence the outcome of this stage of a social account. Cycle one served as groundwork and the action planning cycle for the research study. The actions from cycle one were integrated within the overall plan for cycle two. Cycle one included access to the organisation and served to establish contact early in the research during the summer

of 2010. Cycle one continued with a study of the history and background of how social impact measurement had been initiated within the organisation.

Cycle two, the action taking cycle, occurred when the scheduled plans developed in cycle one were implemented. The second cycle was also a period of development for the framework for outcomes reporting that reflected on the results generated in cycle one. Step three of the social accounting process mapping occurred within the timeline of cycle two and was followed by step four occurring during cycle three.

The third cycle was the final stage and this occurred over a six-month period to July 2012 during which the overall results were evaluated and the resulting learning was consolidated. During this time the first outcomes report was published for all external stakeholders. The end of cycle three also marked the end of the research period. However, step five of the social accounting frame did not occur within the scope of the current study timeline (Figure 9).

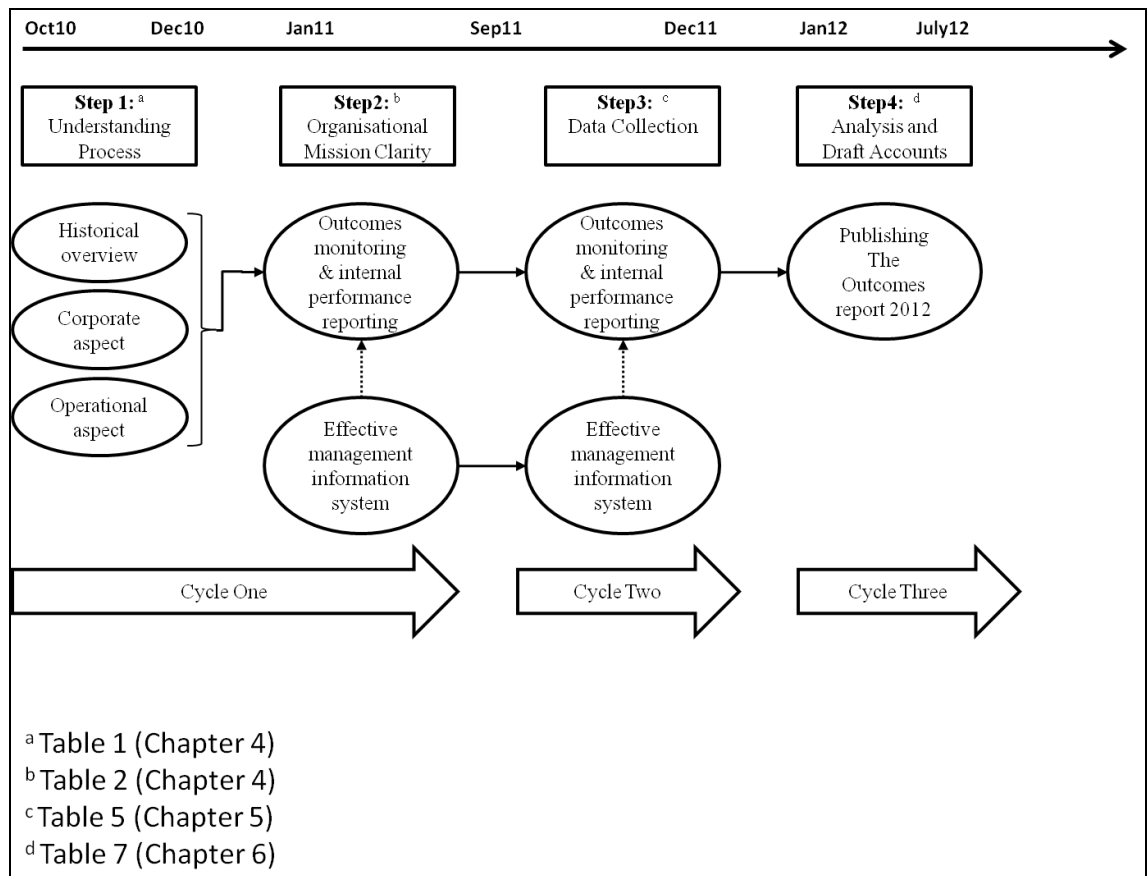


Figure 9- Three action research cycles overview within the study timescale

Figure 9 describes the sequence of three action research cycles within the study timescale and follows the social accounting process mapping (Pearce and Kay, 2008).

As the findings are shaped in three cycles of action research, section C will be presented in three chapters as follow:

- Chapter 4: Cycle one
- Chapter 5: Cycle two
- Chapter 6: Cycle three

Chapter 4: Cycle one (the action planning cycle)

4.1 Introduction

The thesis started with the idea of identifying and measuring the social value of services provided by Norcare, the case organisation, to service users and the community at large. The primary purpose was to examine the lived experience of the social measurement process of Norcare Ltd, (a community based supported housing in the North East region).

This first cycle occurred between October 2010 and July 2011 and involved identifying and determining what was happening within the setting of Norcare with regards to their social impact measurement process. An initial study of the organisational background and investigation into the initiation of social impact measurement in Norcare occurred during October 2010 until January 2011. The action plan for cycle one was shaped based on the information discovered in the background study and determined the appropriate action needed to resolve their identified problem. Cycle one involved the collaborative analysis of Norcare's situation by myself, the researcher, and the staff that were responsible for the research project. In this cycle, for a more detailed diagnosis, data were collected and the problem was identified by giving an exact description of what changes were to be implemented in practice by Norcare. Cycle one includes the actions that took place as a foundation of the project for initiating the objective of developing a social impact measurement system. Cycle one served as the groundwork for the research and the actions from cycle one were integrated within the overall plan of the next two cycles. It also identified the resources and list of actions based on the problem identification.

4.1.1 Layout of the chapter

The first action research cycle of the study stated a plan for the whole project (social impact measurement). For the first cycle, I needed to have a more detailed picture of the steps in order to develop a complete understanding of Norcare and to achieve the aims of cycle one. In diagnosing, step data were collected from both internal and external available sources and from communication with members, staff and Board directors over the period of the study. The document analysis was combined with informal interview responses to inform the data gathering for this stage. During stage two of the action research model in cycle one data gathering took place through a variety of formal

and informal means and methods¹⁵. Evaluation was either integrated within an individual event or in some cases conducted separately. The majority of data in this section was collected based on my direct involvement and responsibilities with the project through my reflective diary, notes, informal or/ and formal meeting conversation. Therefore, the core model was applied with more detailed process stages to illustrate how the outcomes of each stage were going to be achieved.

The majority of resources were based on staff time contribution to the project. A large majority of the workforce was represented by two members of staff from the corporate services, the 'Head of Quality Assurance' and the 'Information Officer'. I was engaged directly and actively with the Outcomes Steering Group throughout my research study period. The project was led by the senior management team, including the CEO and directors of three departments.

4.2 Stage one: Plan

The first stage of any action research is to plan the project. Planning involves identification of the problem and any changes or improvements that need to occur to overcome the problem. This is followed by explaining any findings and providing planning actions, including a timeline that is needed to implement the next stages.

The whole process of planning was formed by underlying theories related to the research objective and dynamic interaction with practical objective of the organisation.

4.2.1 Diagnose the problem and/or to accept the need to change or improve:

The accountability needs to include an awareness of history, context and reasons as to why the organisation exists; an example being the awareness of those within Norcare of the reasons the organisation exists (Gibbon, 2010). Planning for this stage of the study was inspired by the process of mapping a social account (Pearce and Kay, 2008):

Step 1: Understanding process (Background study)

Step 2: What difference do we want to make? (Organisational Mission Clarity)

Step 3: How do we know we are making a difference? (Data Collection)

Step 4: What is the difference we are making? (Analysis and Draft Accounts)

Step 5: Can we prove that we made a difference? (Audit)

¹⁵ Full detailed of employed method in the present study can find in chapter three.

The focus of the diagnosis step in cycle one was on the particular characteristic of Norcare such as their background and their current practice (what the organisation already does) in regards to the social impact measurement and the potential benefits of adopting a system (why they want to develop the social impact measurement tool). Hence, to fully understand the problem as Pearce and Kay (2008) suggested it is essential to completely understand and identify the potential problem of the current process in Norcare.

In order to develop my knowledge and understanding of Norcare and their experience of outcomes measurements I explored the history and workplace environment to better understand each collaborator within the study. I started by looking at the history, operations and cultural elements of Norcare. In addition, I investigated Norcare's current system of recording data, performance criteria and the Outcomes Star tool. Key points for investigation are summarised in (Table 1).

Step one: Background: understanding the organisation

- **Historical overview**
 - The case organisation's involvement with social impact measurement project
 - Organisational structure
 - Geographical location
- **Overall view of the organisation:**
 - Strategic objectives (business plan)
 - Board meeting minutes
 - Mission and values
 - Stakeholders' map of Norcare;
- **Overall view of operations of the organisation:**
 - Current record (evidencing) approach, documentation and system in place for capturing information and reporting process such as Management Information System "MIS¹⁶" and new computerised system "In-Form"
 - How Norcare evidence the performance criteria in determining values of services.
 - Usage of Outcomes Star and monitoring data at current state.

Table 1- Background: understanding the organisation in cycle one (Step one)

Table 1 emphasises the identified area of investigation of the organisation history and current practice that were undertaken within the planning stage of the first cycle of action research during October to December 2010.

¹⁶ Management Information System (MIS), the previously computerised system employed in Norcare during the period of 2008 to 2011.

The data collection was conducted using analysis of documents that already existed in Norcare. The informal interview was conducted with relevant staff and managers within the organisation. The summary of my findings are as follows:

4.2.1.1 Historical overview:

Norcare Limited is North East based with a head office located in Newcastle upon Tyne working in the area of the provision of supported accommodation. Norcare Limited is a charity and a company limited by guarantee, established in 1984 in response to a call from The UK 'Probation Service' that offenders released from prison ended up on the street and were subsequently at risk of re-offending. Norcare had a gross annual turnover of approximately £3.4 m in 2011-12, with 73 employees and up to 20 voluntary trustee members (Norcare, 2010).

The definition of community is relevant within this study based on the characteristics of the case organisation. Norcare is located in the North East of England, and a classical view of community based on geographical area will be used. In addition, the investigation of the organisation shows that, Norcare is underpinned by a strong purpose and vision to provide services to the homeless and to address issues around social exclusion of vulnerable people. Defining and identifying a community is complex (Jenkins, 2004). Cohen (1985) claims that a community exists in the minds of its members and should be clarified by geographic or socio-graphic assertions. The community is a construct; therefore an imposing of order may not necessarily fit in with the lived experience of people (Kapelus, 2002). Gibbon (2010) referred to multidimensional views of accountability within the third sector as characteristic of the third sector in terms of a broad concept of community and a variety of organisations within the sector.

The internal structure of Norcare reflects the status of the organisation as a small, medium size charity organisation, where the management of Norcare is via the Board of directors who decide the strategic policy direction of the organisation, whilst operations are the domain of the CEO supported by a management team.

The company provides a range of support services and accommodation such as, providing supported housing, bed spaces and floating support services to service users

at any one time. Their service users are individuals aged 16 and over who are currently socially and economically excluded for a variety of reasons, including: young homeless people, ex-offenders or those at risk of offending, people who misuse drugs or alcohol, people who experience mental illnesses, women and families fleeing violence and veterans with support needs.

The current organisational shape is the result of a series of changes and improvements over the past two decades. During 1984 to 1989, Norcare established their first scheme at Glenco House, Blaydon that was run by three members of staff. The success of Glenco House then led to the expansion of their services in the Sunderland area. During the five leading up to 1994, they launched Kairos, the residential centre for alcohol misuse, in county Durham. This was followed by a resettlement scheme in Blyth that was funded by the 'Probation Service'; there was also further development of accommodation across the NE region in Blyth, Gateshead, North Tyneside and Durham. The organisation continued to grow by opening the centre for people experiencing mental ill health (SALL Centre) and the Gateshead addiction support scheme. They also established the 'Northumbria volunteer project' through the 'Probation Service' and were awarded the 'Investor in People Standard' during the period 1994 to 1999.

The organisation's success continued during 1999 to 2005 with a scheme to support women experiencing domestic violence, which was introduced concurrently with the opening of a new hostel. The organisation established its own volunteer scheme as the 'Probation Service' scheme ended. As the organisation continuously grew, the new working arrangement introduced provided evening and weekend support to clients. Since 1984, Norcare have been listed in the Times Top 100 small companies to work for, four times. During 2005- 2010 Norcare has undergone great development which involved expanding their workforce and services, i.e., establishing a volunteer Bureau for clients; acquired its own properties (Move-on); launched Norcare added value services (Apple tree project); women's safety worker introduced and funded through 'Probation Service'; and usage of Outcomes Star tools to measure the 'distance travelled' by service users or clients was launched.

In 2010, Norcare reviewed its organisational structure to meet their new needs based on their objectives. They also opened the 'Veteran Centre' in November 2010 followed by a second Veteran Centre in 2011 that provided supporting housing for ex-service men

and women. In their continuous community engagement, the Byker Community Garden launched in partnership with The Byker Centre. A new domestic violence project (Stone Meadows) opened. In 2012 the organisation joined the Fabrick Housing Group¹⁷ through a legal partnership agreement.

The case organisation involvement with social impact measurement project:

The initiation of the outcomes measurement (social accounting) project for Norcare can be traced back to 2007-08 as a result of the ‘Move on’¹⁸ reporting standard by Supporting People. Since 2007 Norcare has been engaged in a programme to clearly identify the ‘social value added’ to its services. Social value refers to:

“Wider, non-financial impacts of programmes, organisations and interventions, including the well-being of individuals and communities, social capital and the environment” (Wood and Leighton, 2010, p. 20).

In 2008, the organisation implemented a pilot scheme of the ‘Outcomes Star’ as a measurement tool of ‘distance travelled’ by service users. The pilot included commissioned research carried out by independent consultants.

The aims of the Pilot project in 2008 were to demonstrate how the use of social performance indicators can enhance the quality of service to users. Also, to enable the organisation to demonstrate the positive impact of building in value-added aspects of the service as well as partners identifying the links between service outcomes and the government’s policy targets.

¹⁷ Fabrick Housing Group began operating in 2008 when it brought two traditional housing associations Tees Valley Housing and Erimus Housing together. They operate from North Tyneside in the north to York in the south, with the majority of homes in Middlesbrough and Stockton-on-Tees (Fabrick Housing Group, 2012).

¹⁸ ‘Move on’ is the definition given to clients leaving the service. Positive move on would be defined as those clients leaving the service to a further stage away from temporary living arrangements or maintaining their independence (dependent upon service type). Negative move on is defined as those who fail to engage with the service, abandon the tenancy/license, or are evicted (North East Lincolnshire Council, 2009).

The Pilot project included three projects of which two of them were from Norcare and one project was from 'Aquila Way'¹⁹, one of the organisation's partners in the scheme. The Outcomes Star 'distance travelled' tools were trialled by 12 support workers and 33 service users as part of their regular support sessions, not just at the individual service user level but also at the corporate level, by aggregating individually derived data.

Organisational structure:

Norcare has undergone major organisational changes during 2009-2010 and the review in 2011-12. The new structure of the organisation was introduced prior to October 2010 and as a result, I was not able to trace the discussion that led to its initial design. I did, however, gather some data by listening to the staff as they debated the adequacy of the new structure. I also studied the programme portfolio, which was produced by the responsible restructures team.

The aims of the new structure were to ensure the right people with adequate skills were in the appropriate roles. Likewise, the organisation believed that the new structure could address the organisation's commitment to achieve their strategy plan as "a better place to be". The new structure was introduced to improve the first line management and to assign dedicated and professional resources to overcome the limitation and shortfall in specialist roles. It also aimed to deliver the required improvement to the organisation's communication (internally and with external stakeholders). By introducing a cohesive corporate service to the new structure, Norcare ensured an enhanced reputation in the view of their stakeholders.

Within the new structure Norcare introduced three levels of management; Director; Service and Performance Manager, to lead all client facing roles; and a Senior Support Officer within each team. This new structure was set up based on three departments. The development and Communications department is accountable for securing growth plan, funding, communications, corporate image and identity and building reputation. Service Delivery is at the heart of the organisation and has direct contact with clients. Corporate Services is responsible for providing strategic alignment. In the service delivery department, the 'Service and Performance Manager (SPM)' post replaced the

¹⁹ Aquila Housing Association is a Christian charity based in the North East of England that provides support and accommodation to young people and families who are homeless (Aquila Housing Association, 2010).

‘Team Leader’ position. Based on my investigation the new SPM viewed their new post as an effective and positive role. Accordingly, they believed that this post is more “outcomes based strategy plan” rather than “operational”, where it makes it easier to manage bigger teams by having a specific strategic responsibility and leadership role. However, in contrast, the previous ‘Team Leader’ role was involved directly with client issues on an operational day to day basis. In the new structural system the ‘Senior Manager’ role is responsible for the job of dealing with client day to day issues. Thereby, instead of one level of management, in the new structure, there are two different levels of management roles, SPM and Senior Manager.

Within the Corporate Services department two new posts in regards to outcomes measurement have been introduced: a ‘*Head of Quality Assurance*’ post that is responsible for the whole process of reporting; and an ‘*Information Officer*’ to address the lack of information management within Norcare. The purpose of introducing these new posts was to address the initial motivation by management to become more proactive in reporting with the aim of presenting social impact information to key stakeholders.

Geographical location:

Norcare’s geographical location is in the North East of England and currently operates in 19 service centres²⁰ within the area and provides services to approximately 250 service users at any time. The areas include: County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland. Each area operates various accommodations with different purposes to fulfil Norcare’s objectives.

4.2.1.2 Overall view of corporate aspect of organisation:

This section covers the overall view of social impact measurement in regards to the organisation’s corporate aspect. By looking at strategic objectives and Board meeting minutes, I was able to trace the discussion about social impact measurement. Also, the investigation was an involved study of mission, values, and stakeholder relationship of Norcare. The logic for study of the corporate aspect of the organisation came from investigating the relationship between the strategic interest of Norcare and their upwards accountability in relation to power.

²⁰ The full list of the service centres is available in Appendix 2.

Strategic objectives (business plan):

The current strategic plan (2010-13) was approved by the Board (May 2010) and launched in September 2010. The strategic plan is divided in three fundamental principles with the same message as 'better place to be' for clients, people (staff) and accommodation by covering a range of activities in order to fulfil those objectives.

Within the strategic plan 2010-13, Norcare aims to look at every aspect of the organisation, from the way the organisation is structured, to how they deliver services and where their office and client premises are based. They introduce Norcare's promises for clients and people within the strategic plan document in 2010. Norcare's activities include: client premises, e.g., housing support, health and wellbeing support, money management, getting involved and having fun, access to medical support, representation and having a say, access to counselling and family support and finally employment, training and education (Figure 10).



Figure 10- Norcare's client promise (Norcare, 2010)

Norcare's activities are summarised as a client promise that is presented in the above chart.

The achievement of the organisation's objective of making Norcare a 'Better place to work' aimed for by 'People Promises' (Figure 11). The organisation promises to support, develop, and reward their employees by providing training, effective communication, a climate and culture of growth and working together as a team, first class recruitment and induction, clear structure, good reward and recognition, equality and diversity, values, energise working environment, transparent people policies and personal development.

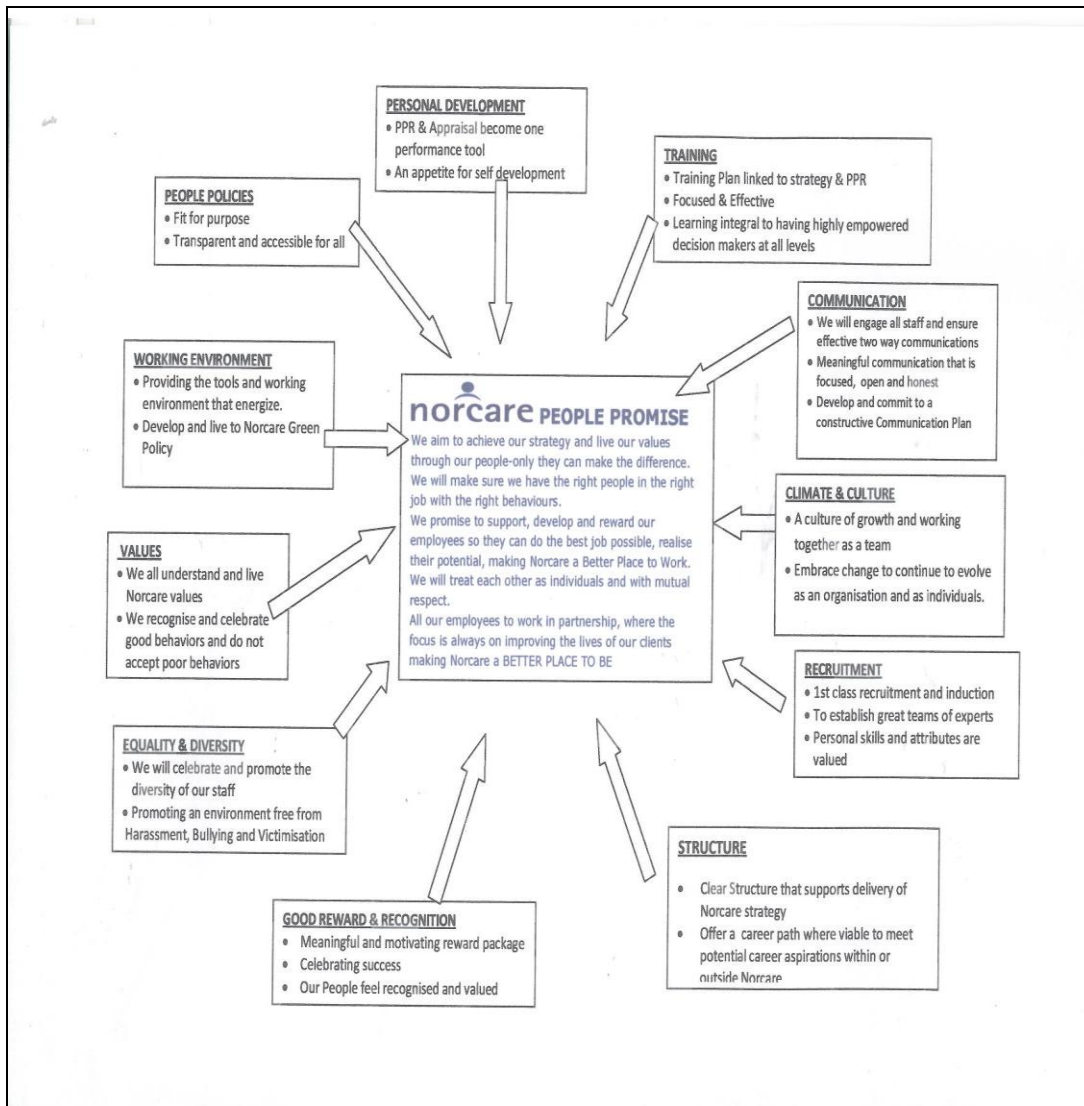


Figure 11- Norcare's staff promises (Norcare, 2010)

The people promises of Norcare are the objective that the organisation aims to achieve for all staff members.

Minutes of Board meetings:

The strategic policy direction of the organisation is in the hands of the Board within Norcare. In order to trace the background information about the organisation's journey within the social impact measurement and all the relevant activities within the Board and senior management level; my first attempt was to do the document analysis on available Board meeting minutes. I traced back any mentioned activities or discussion in relation to the implementation of social impact measurement in order to capture their outcomes during the period of March 2010 to January 2011.

There was not any clear, direct discussion about the needs of capturing social value or demonstrating the organisational impact. However, there had been discussion on several occasions about the change of local authority contract level, the influence of government and grant awarding bodies. In addition, there was discussion about the new strategic plan 2010-13 that was influenced by a climate of reduced funding with fewer contracts available, while competition for remaining contracts was as high as ever. It was therefore essential to develop a new strategy that enabled Norcare to deliver value for money services as well as providing evidence of their effectiveness in the community. There was also argument for working within a formal partnership or within a larger organisation to overcome the economic challenges. The organisation also recognised that they need to set themselves as high performer within a competitive environment when compared to other similar providers in the sector.

Mission and Values:

A mission statement is a significant management and leadership tool that makes a statement about the organisation's beliefs and principles. The mission statement leads to organisational value and guides the organisation on its goal setting and achieving its objective. In social impact measurement, having a clear understanding of the organisation mission and values plays an important part in the planning stage. There was an ongoing debate about Norcare's mission and vision statement within the review of the existing governance documents whilst I did this part of the study.

The existing mission statement (Norcare, 2010) emphasised:

“The delivery of housing support which enables vulnerable people to live independently (Mission statement, 2010)”

However, in numerous other documents different mission statements appeared:

“Providing Opportunities for disadvantaged people to improve the quality of their lives. (Mission Statement taken from the Document, Norcare F drive)”.

“To improve the quality of life for people who are currently socially and economically excluded. (PowerPoint presentation ‘Mission, Vision and Values’, Norcare F Drive)”.

“Through the provision of high quality housing support and other support services help improve the lives of vulnerable people. (Strategic Planning Working Group 2007, Norcare F Drive)”.

The review of the organisation’s existing governance document and how Norcare decided on the unity mission and vision statement that was finalised in November 2011 will be discussed in further sections.

The values of Norcare are recorded as ‘trust, openness, respect, communication, and happy’ which is symbolised by the word “TORCH” (Norcare, 2010).

Stakeholder map of Norcare:

A principle step in social accounting is to identify an organisation’s key stakeholders (Pearce and Kay, 2008). Therefore, identifying who is accountable and to whom in what degree and how is important for Norcare based upon a stakeholder matrix (Newcombe, 2003).

Within the organisational strategic plan 2010-13, the organisation emphasised their accountability mechanisms in relation to multiple stakeholders by clarifying three stakeholder groups: their client, staff, and accommodation (their partner and contractor). However, the main focus is on upward accountability and how the organisation addresses accountability in regards to being ‘held responsible’ and ‘taking responsibility’ (Cornwall et al., 2000) rather than other forms of accountability.

For the purpose of this study, I undertook a full stakeholder analysis, once at the beginning of the implementation of the system in cycle one and once the data gathering

had reached the point of producing meaningful data during cycle two of the study that will be discussed later in this chapter and the next chapter.

4.2.1.3 Overall view of operational aspect of organisation:

Another step of the study involved investigating the current methods of recording and evidencing data and the system for monitoring quality and reporting within the organisation.

In order to examine the possibility of the use of existing information and documents gathered by the organisation, I also studied the operational aspect to better understand what the organisation already does for monitoring, reporting and evaluation purposes. This section of the study examines the different ways in which data is recorded and identifies any challenges and limitations in regards to monitoring the organisation's activities.

Current record (evidencing) approach:

Based on my initial findings, by investigating data collection methods within the current policies/documents, a number of documents²¹ had been identified as the main monitoring tools by the organisation. Based on my findings, the majority of the forms were just kept as a paper base in client files and were not computerised anywhere in the system with the data only being accessible by looking at a client's paper file. These were not aligned with each other and did not have outcomes-based settings. The only form that was produced online was the report to Supporting People through 'SP Return'. This had limitations as: firstly, it was made for each individual client and; secondly, it was done at the end of a period of support. Hence it did not provide any clear view of the client's journey through their interaction with the services.

Overall, there was no standardisation in employing these forms or in the record-keeping. Recently, the organisation introduced the internal review as part of the QAF requirement, which enabled the organisation to monitor on data gathering by the staff.

How Norcare evidence the performance criteria in determining the value of services:

Alongside the organisational structure changes and improvements in 2010, Norcare also recognised the need for a change in the managing of the information system and

²¹ The full list of the paperwork and documents is available in Appendix 3.

recording processes to address the formal need to measure and report in order to manage their accountability to stakeholders.

While having spent considerable resources and time on the development of an MIS over a number of years, it has not been used to full capacity and does not have a clearly developed guideline and/or reporting structure to identify and report on different projects run by the organisation. Followed by organisational, structural changes, in 2010, the organisation has invested in updating the information systems from their internal Management Information System (MIS) to an In-Form (web based Management Information tool designed for homeless and housing support charities). Also the organisation had been in the process of adopting a new system of financial records to pursue the new shape and size of the organisation and respond to the concerns of the financial control within upward accountability.

Usage of Outcomes Star and monitoring data:

Usage of the Outcomes Star was piloted throughout 2008. This was based on the part of MIS implementation. Data was available from mid-2008 after a pilot demonstration using the Outcomes Star. However, my research found that after the pilot study there was a major loss of data due to several reasons. Firstly, the use of the Outcomes Star tool was voluntary for staff to use and secondly, based on a lack of clear structure, timeline and guidance the data had not been collected properly. In addition, this was limited as there was not a mandatory systematic way of gathering information to generate data. There were also the organisational cultural barriers to the significant importance of capturing data as well as engaging (users) clients to involve with the programme. Hence, all of them were influenced directly or indirectly by a lack of appropriate resources, skills and specialist roles in the organisation's workplace. After further investigation through staff and managers, it became clear that some of the collected data was paper based and not included in the computerised database.

There was a qualitative measurement tool in use “*the Service user quality of life questionnaire*”, but it seemed that no one knew about it until the time of this study. Through more investigation, it appeared that the document was introduced in 2006. However, other than a few cases that used this questionnaire as a pilot, it had not been used by the majority of staff and there is no record of it. This was due to the absence of information management and a lack of a data recording system.

4.2.2 Describe and explain the relevant facts of the situation (Reconnaissance) that need change or improvement:

This section identifies each area of change or improvements that were diagnosed in the early stages of the study. It is acknowledged that some of the areas of change and improvement were diagnosed by Norcare earlier and some changes or improvements were already in progress at the time of the study.

There were a number of issues raised during the early stages of the research. At this stage the organisation was unable to adopt the social accounting system to capture the social impact due to problems with the unsystematic ways of recording data, a lack of awareness and understanding of the concept of social impact measurement and no shared vision throughout the organisation. Some of these issues had to be addressed before the organisation was able to capture any meaningful data for the process of social impact measurement.

The first area that needed improvement was identified as the recording and monitoring system and developing a systematic way of managing information. Norcare started to address this issue by employing a new information system (In- Form) and replacing it with the previously under-used (MIS) system. However, the new system needed to be integrated with the paperwork system. Whilst the existing paperwork needed review as it was complex and interconnected. The system also needed to integrate outcomes monitoring to gather more efficient and effective information about the impact on a client's life and the overall impact in the community. Norcare also needed to introduce a system to control, monitor and report. My findings indicated that the only reporting was that of mandatory reporting for the commissioner at the level of each client, there was no system in place for regular reporting beyond the minimum required.

Because of the restriction of local authority budgets together with radical cuts in contracts and an increasingly competitive environment, Norcare was keen to develop a better system of reporting to demonstrate value for money to its stakeholders, specifically funders and local authority to prove and improve services whilst becoming a more sustainable organisation.

From my journal:

“We are looking into enhancing the new management information system so we can capture a wider range of outcomes than are evidenced by Outcomes Star, and thereby measure specific client achievements quantitatively and objectively” (Information Officer, Nov 2010).

However, there is still a long journey for the organisation to achieve this goal and embed the information system and demonstrate outcomes successfully. Also, the difficulties in the way the Outcomes Star was being used needed to be dealt with as well as the creation and/or review of other forms of data collection to fulfil the aims of outcomes reporting.

The other area that needs to be addressed was to create the stakeholder map for Norcare. This is a significant issue as Norcare needed to acknowledge its accountability relationship with each stakeholder. Before any action could be taken towards capturing social impact, they needed a clear vision of, to whom they are accountable and how they are going to measure those relationships. They also needed to consider what kind of information (indicators) will provide the evidence of such relationships. The organisation also needs the unity of a mission and vision statement for the purpose of developing the social impact measurement system and better understanding of the unique position of the organisation in its community. This needs to be aligned with changing and developing new beliefs, values, attitudes, and behaviours on the basis of the new information and insights developed through a shared vision across the organisation.

Creation of the Outcomes Steering Group:

The group was formed in February 2011 for the development of the social impact measurement system and the production of the social accounting report. The group was created based upon a discussion about my research study and the potential benefits for the organisation in the Leadership performance meeting. The aims of the team were to identify the scope of the project and the time the organisation was willing to commit to the project. In regards to bringing the adequate skills and engagement to the project, my engagement with the project was undertaken with the support of a team including key staff from various parts of the organisation. The team was composed of staff from three different departments: Corporate Service, Service Delivery and Communication. This

arrangement reflected the boundaries of the company as this related to the funding of a specialist department to produce a social account of Norcare's activities in terms of resourcing and timing (Gray et al., 1997). It also highlighted the importance of involving all aspects of the organisation within the project.

4.2.3 Planning action

By February 2011, during the 'Leadership performance meeting', we reached the conclusion that effective reporting of social outcomes would be essential for the future success of Norcare.

As a result of an earlier investigation in the diagnosis stage, the Leadership performance meeting team agreed on reviewing each client's paperwork to meet Norcare's purpose and where possible the data would be transferred into the information system (In-Form). It was agreed during the meeting that as the subject of the study was human experience, therefore both statistical and non-statistical approaches would be appropriate, e.g. case studies were needed to understand the depth and subtleties of client experiences. I was assigned to look at ways of capturing quantitative output and hard outcomes as well as softer outcomes through qualitative data i.e. case studies of client's journey; narrative reports.

In the Outcomes Steering Group, there was an agreement on actions that needed to take place to achieve the outcomes measurement project that is listed in Table 2. The proposed plan was based on identification of the problem and explaining the facts of the situation. The planning action stage describes any changes and improvement that needs to happen to achieve the overall aims of the project. The team agreed to follow the framework of social accounting by Pearce and Kay (2008). Henceforth, the project followed the timescale of year.

The overall plan for cycle one is demonstrated in Table 2. The proposed plan indicates the necessary changes and improvement in the management information system needed to fulfil the objectives of the project.

Step two: What difference do we want to make? (Organisational Mission Clarity)		
ACTION	OBJECTIVE	TIMESCALE
<u>Action 1:</u> Mission/ vision/ value	Outcomes monitoring and internal performance reporting	September 2011
<u>Action 2:</u> Stakeholder map and decided on key stakeholders		March 2011
<u>Action 3:</u> Define Objectives (aims): <ul style="list-style-type: none">• <i>Understanding the concept</i>• <i>Outcome mapping</i>• <i>Client questionnaire</i>		February 2011 June 2011 July 2011
Underlying issues that need to be addressed in step two:		
ACTION	OBJECTIVE	TIMESCALE
<u>Action 1:</u> In-Form system: <ul style="list-style-type: none">• <i>Recording system (client paperwork)</i>• <i>Data collection/ monitoring</i>• <i>Re-launches of Outcome Star tool</i>	Effective management information system	January 2011 Ongoing August 2011 June 2011

Table 2- List of agreed actions in the process for outcomes measurement project in cycle one (Step two)

Table 2 includes the details of the issues raised in the process of social impact measurement for Norcare and the timescale of the actions with identified objectives of those actions.

4.3 Stage two: Act

The action and implementation within stage two addresses the issues identified during the planning stage. Within stage two there is an ongoing consideration of stabilising and integrating the new system as well as being aware of the time constraints on the success of the project. At this stage the use of triangulation of collection methods was employed to secure any limitations of data access. Based on the fact that each individual action had the different nature, time sequence and impact to the overall result of the project, in this section, each individual action is described as an event. However, by taking into account that in most cases planning, implementation and observation took place at the same time; I attempted to define only implementation and observation separately and for the purpose of analysing the study, it will be an observation and a reflection stage of the entire event as a whole.

4.3.1 Implement

Each individual action (event) implementation has to be described and evaluated separately in an attempt to acknowledge each relevant event which occurred to fulfil the development of the social impact measurement process within the action research cycle. The process of developing social impact measurement is an ongoing journey for the organisation. In terms of the organisation's social accounting aims, the initial plan was that the first outcomes report for external stakeholders is published by the end of the 2011-12 fiscal year, as well as monthly internal outcomes reporting for leadership performance meetings and outcomes reports to the Board meeting every two months. The following sections demonstrate each individual event that occurred in chronological sequence based on the list in Table 2.

4.3.1.1 Objective one: Outcomes monitoring and internal performance reporting

A key priority for the organisation at this point was to research and define their outcomes monitoring system. Consequently, a clearly defined mission, vision and value were significant to this stage. At the same time I was creating the stakeholder map of all Norcare's internal and external relationships.

Action one: Mission, vision, and value:

The discussion about the mission statement opened at the leadership performance meeting in May 2011. Moreover, they came to an agreement that Norcare's mission statement was required to be reviewed and they needed to come up with a unity

statement. Their current mission statement had very effectively described the organisation's impact over the last 26 years, however, in line with the organisation's "better place to be" strategy, it felt timely to revisit the mission statement to ensure it was feasible for present and future practice. The suggestion of the leadership team for a mission statement was:

"Working together to empower vulnerable people to live independently in the community".

It felt that this statement summed up the values and principles of the organisation whilst linking clearly to outcomes. However, as the mission statement was led and directed by the leadership team the final agreement came from the Board.

Action two: Stakeholder map and identifying key stakeholders:

Understanding the accountability relationships of the organisation are central to the task of developing the outcomes map. The stakeholder map is central to this process and was initiated to provide the frame for the development of social impact measurement in Norcare and identifying relevant outcomes of the organisation based on the impact value chain.

The categorising of stakeholder relationships with Norcare and a sketch of the stakeholder map was one of the priorities of my schedule (Figure 12). The operational environment of a non-profit organisation is complex in respect of their nature with a wide range of stakeholders (Balser and McClusky, 2005). The concept of key stakeholders here is the group of people that are affected by the organisation. The stakeholders list is recognised based on the definition of key stakeholders by Kay (2011). Figure 12 shows the entire picture of stakeholders that are service provider to Norcare. To create the stakeholder map, I have summarised the information that has been gained in my informal interviews/conversation and document analysis.

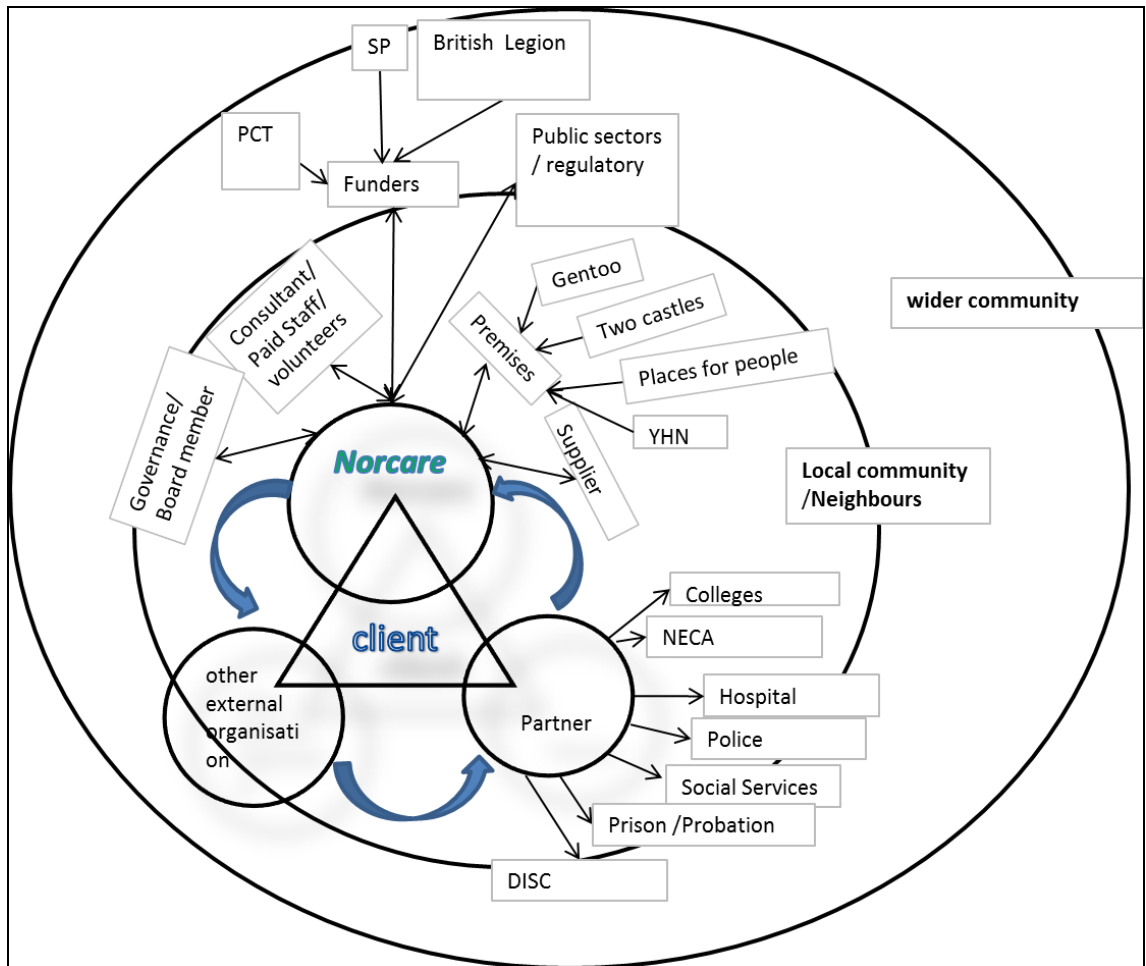


Figure 12- Norcare's stakeholder map (Details)

The picture of the entire organisation's stakeholder group²² and their relationship among each other in their community and in the wider community is provided in Figure 12.

²² The full list of the stakeholder is available in Appendix 4.

The purpose of designing the stakeholder map was to emphasise the comprehensive association of Norcare and the different aspects of their accountability relationships. The map has helped to explore and better understand the stakeholders' relationship based on the obligations of the organisation.

Accordingly, my intention was to design a stakeholder map that shows a client in the centre, rather than the organisation in the middle and an equal portion of the relationship between the organisation and other parties as stakeholders. My focus was to show the relationship of the organisation with other organisations in relation to the effect on a client's life. As it shows in; I identified three different levels of organisational contact by a client that has direct impact to a client's life; Norcare itself, Norcare's partner organisation and, other organisations that the client may have interaction with separately. On the stakeholder's map there are also two levels of influence to a client's life and the organisation and vice versa though local community and wider community effect.

However, for the reporting purposes and based on the organisational capacity and priorities in regards to outcomes monitoring and determining a social value there was a need to produce a simplified version of the stakeholder map that only pointed out the key stakeholders. The research has identified the organisational focus of the objective in the strategic plan for 2010-13 was to be on three main stakeholders: the clients (service users), the staff members (people) and the commissioners (i.e. Government, local authority). There is a clear explanation in the objectives and activities that the organisation wanted to achieve in the next three years based on key stakeholders that are identified in Figure 13, (strategic plan for 2010-13).

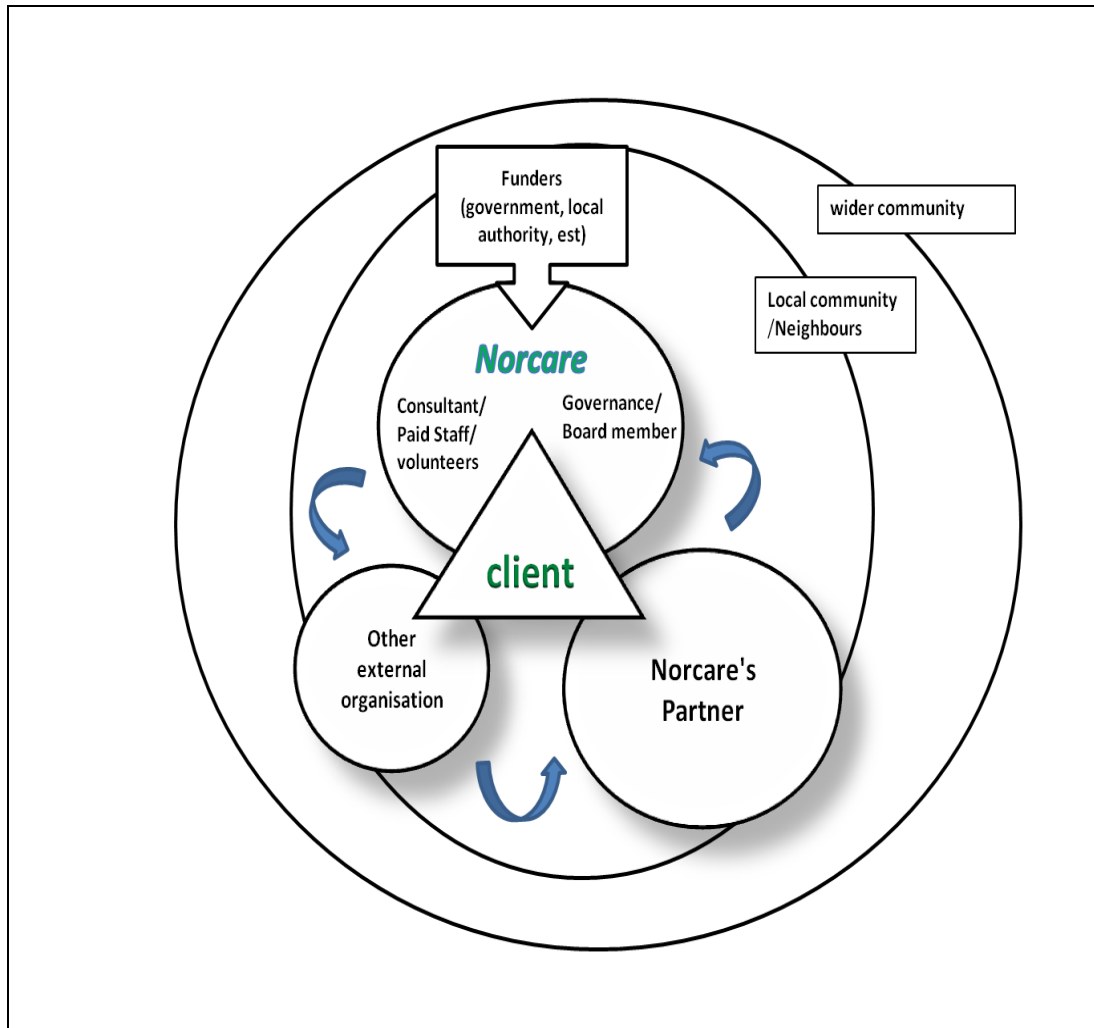


Figure 13- Norcare's Stakeholder map (Summary)

Norcare's key stakeholders and their relationship were described in Figure 13.

Figure 13, shows that a client is in the centre of the stakeholder's cycle by emphasising a client as the main stakeholder within the community by briefly depicting the general relationship characteristics with these key stakeholders.

The creation of the stakeholder map mainly was to emphasise the importance of identifying key stakeholders for the purpose of outcomes mapping. For the outcomes measurement, it is important to recognise the key stakeholders in defining desire outcomes and setting indicators for capturing their effect to them and vice versa. The stakeholder map was discussed in both the Outcomes Steering Group and the Leadership performance meeting for approval and accordingly was used in both internal and external documents such as the Board report and tender applications.

Action three: Define Objectives (aims): outcome mapping:

The first Outcomes Steering Group meeting on February 2011 was set for the design and development of the outcomes measurement approach and a discussion of the available tools and resources for the project. It served as a unifying meeting and an opportunity for the group to confirm the goal and purpose of the project.

At the first meeting there were representatives of each department based on the agreement on the first Leadership performance meeting in January 2011. In this meeting, the Director of Service Delivery raised concerns about the Supporting People (SP) report and highlighted to the Senior Manger Team (SMT)²³ the importance of capturing meaningful data and quality reporting in order to secure the position of the company (Funding) and reporting to tenders on social impact. The Head of Quality Assurance also emphasised the link between reporting on QAF and outcomes measurement and social accounting.

We discussed measuring both soft and hard forms of outcomes for the client and the project itself as well as for the company as a whole. As there was some confusion about the distinction between different stages of the impact value chain: input, activities, output, outcomes and impact, Clark et al. (2004). I was asked at this stage, to provide more detailed information for understanding the concepts and I agreed to produce a document for the next meeting to clarify each term of the impact value chain.

²³ Senior Manger Team (SMT) is included Chief Executive and the three directors.

There was also acknowledgement about addressing the matter of each client's paperwork, their handbook and the changes needed in order to gain a better view of the client's journey while they are in services in and thereafter. The team also considered looking at producing some form of questionnaire in order to capture information from their former clients either individually or through focus groups. With the help from Norcare's Client Empowerment Officer (New post), I was appointed this task which would be matched with an Outcomes Star tool element to see the big picture of clients' positive movement in the community.

Understanding the concept:

At the next meeting of the Outcomes steering group, I gave a presentation on Norcare's outcomes measurement. The presentation covered understanding outcomes definition, why the outcomes approach is important for the organisation and where do outcomes occur. The next section of the presentation involved identifying and assessing the outcomes measurement approach. I had shown the relationship between the impact value chain terms in with regard to Norcare's case (Figure 14). The model was designed through the organisation's input and the organisational sources such as staff and budget. Then, Norcare's performance (activities) was represented as their outputs. The changes and effect they want to make were shown as their outcomes, e.g., finding and keeping a home for a client. Finally their desired impact of their work and what they want to happen e.g., maintain independent living in the community in case of Norcare was shown as the organisation's impact.

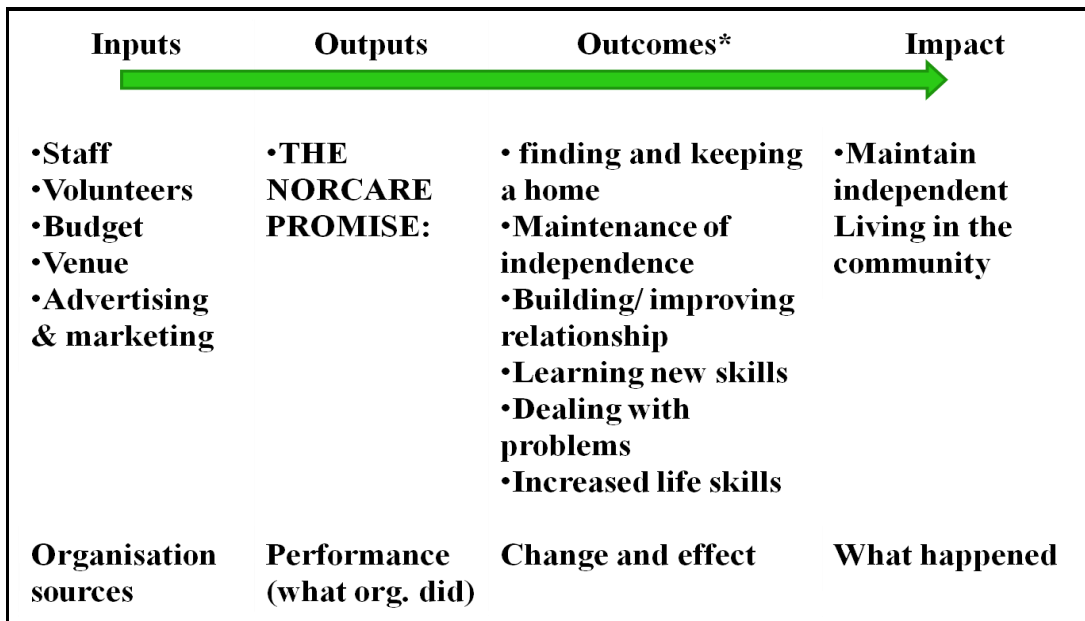


Figure 14- Norcare's Impact Value Chain

Different stages of Norcare's impact value chain: input, activities, output, outcomes and impact based on the Clark et al. (2004) model.

The meeting was valuable in terms of sharing ideas and exchanging knowledge to find a common understanding of the project's purpose and clarifying the objectives and choices of indicators. By the end of that meeting, performance indicators, procedures, tools for data collection and the way to analysis the data were discussed.

From my journal (February 2011):

“The Director of corporate service called the session a “brainstorm meeting””.

In addition, a more formal presentation was provided to the Leadership performance meeting in May 2011, based on feedback from my first presentation to the Outcomes Steering Group (Feb 2011). The presentation contextualised outcomes/outputs by clarifying the theory behind outcomes and guiding the development of the Norcare outcomes measurement journey. The key element of the presentation was focused on Norcare's 'Mission triangle' (Pearce and Kay, 2008). Norcare's mission triangle (Figure 15) represented the organisation's overall aim (mission statement) which represents their desired impact that they want to occur. The next level of the triangle emphasised outcomes that Norcare want to achieve based on their specific aims. The bottom of the triangle which is included the organisation's promise to clients represents the organisational outputs in regards to their objectives (Figure 15).

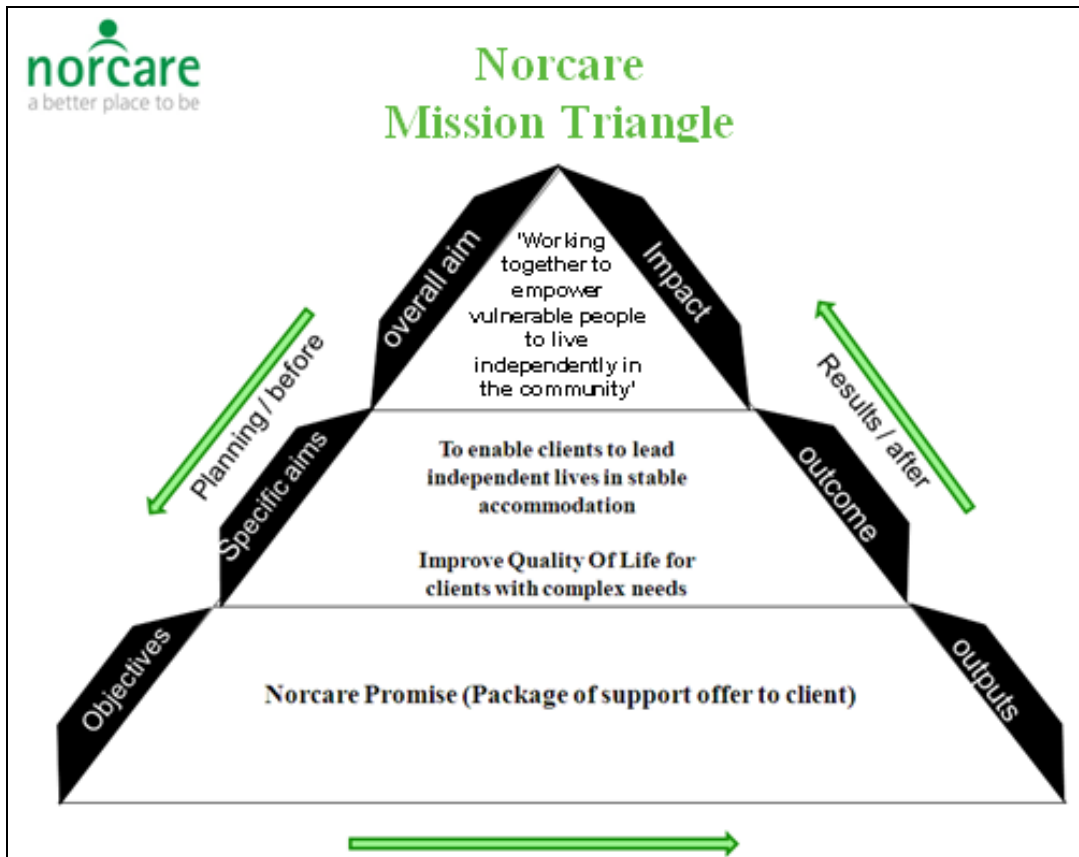


Figure 15- Norcare's Mission Triangle

The overall picture of Norcare's change plan from mission to activities is represented in a mission triangle model after Pearce and Kay (2008).

In June 2011, the Staff Away Day provided me with the opportunity to present my revised presentation that, included a number of scenarios to emphasise the importance and continual embedding of the organisations values and ensure ownership by individuals through an understanding of the part they played in relation to the outcomes reporting process. The purpose of the scenarios was to enable staff to recognise the difference between outputs and outcomes of a project. This was planned and agreed upon in the Outcomes Steering Group prior to the event.

In addition a further understanding of social impact measurement was gained through attendance of the Director of corporate services and the Information officer during training²⁴ and conferences²⁵ during the project.

Outcome mapping:

During another meeting in February 2011, I provided examples of outcome mapping from other organisations²⁶ which, were considered by the team to create a similar format for Norcare. Thereby, based on the discussion in that meeting, I developed the outcomes map. The process was fed by the Information Officer and the map has been agreed in principle via the Outcomes Steering Group. The outcomes mapping template²⁷ was applied as a pathway; linking the outcome objective to the key indicators and data collection sources. It also defines when, who and how outcomes would be collected and which stakeholders would benefit from the information.

The first attempt to identify outcomes led to two specific aims followed by fourteen outcomes. The identified area was influenced by the organisational focus at the time of developing the map which was to address external accountability pressures. Outcomes were linked to Norcare's three year strategy plan (2010-13) and annual delivery plan. Also the map was influenced by the new tender policy in the Sunderland area by the Sunderland local authority as the Sunderland team were at risk of losing their contracts. The group managed to define a core set of measurable indicators that would measure

²⁴ Measuring what matter training delivered by Angier Griffin.

²⁵ Social audit Network (SAN) 2010 and also 'measuring and evaluating outcomes in practice' conference by Third Sector in 2011.

²⁶ Gentoo, Sustainable Enterprise Strategies (SES), and Mental Health Day Service.

²⁷ Outcome mapping template cover: specific aims, outcomes, outcomes indicators, data collection methods, when and by whom and reporting methods.

changes and the impacts of the organisation's services upon a client's life and within the community. The measurable impacts needed to be recognisable within the required reporting framework for the contract.

The draft of the outcome mapping was discussed at the leadership performance meeting in May 2011. There was general agreement on the indicators and data collection methods. It was also suggested by me, that each team agreed on what type of outcomes/outputs, they needed to be recorded and identified their capacity, because of ownership issue on outcomes map by each team. I then provided feedback on the overall outcomes map to the next Leadership performance meeting.

From my journal (May, 2011):

'The Chief Executive and Director of Corporate Service concluded the meeting by emphasising that there was a "Reinforced need for a social accounting process" (Leadership performance meeting, 2011).

This statement emphasises that the senior management team, were concerned with the whole system and were prepared to invest in it to strengthen communication as an effective means of proving their value to funders. Further work was done in recognition of indicators, data collection methods, timeline, responsible staff, reporting forms and identifying beneficiaries. Since the first development of the map, it was revised many times, testing out assumptions and adding, moving and omitting some of the outcomes. This process was done until we reached agreement across the organisation during cycle two of the study.

Client questionnaire:

The other key area of outcomes reporting is providing post support information that would enable the organisation to show the impact interventions they have in the long term for client's lives in the community. This also could assist in providing evidence of value for money services. Some outcomes may occur in the early stages during the services (mainly hard outcomes), while others may take more time and sometimes several years, that is beyond the organisational time-scale for providing services to clients.

The three sets of questionnaires and guidelines for interviewing a client were developed in conjunction with the Client Empowerment Officer and I, in order to collect the data needed for impact assessment. The client questionnaires were discussed in the Outcomes Steering Group meeting for approval. The three sets of questionnaires could be described as follows:

Client questionnaire for those that have been in service for 6 weeks (All new clients): The client satisfaction feedback and accessed services.

Client exit questionnaire (All existing clients): Designed to connect the client journey time and final feedback on services such as a support plan in connection with 10 elements of the Outcomes Star and as a service conclusion to their journey.

Client Post Service Questionnaire and Outcomes Star (Three-six months after a client leaves the service): Linked to the Outcomes Star to continue mapping the client journey after the period of support.

All questionnaires had elements of the Outcomes Star to assist in mapping the progress through the client's viewpoint, but also contained part of a social audit framework, by looking at the lifestyle of the client such as hospital admissions, custodial sentences etc. The questionnaires were set based on an individual client's interview.

It was planned that the Sunderland team would use the questionnaire as a pilot project. After a few meetings between myself and the Client Empowerment Officer, we came up with the conclusion that 10 clients would be selected as the sample group, to cover all the different groups of service users with different needs within the organisation in the Sunderland area.

The overall aim was to use the questionnaires independently of the Housing Support Officers. Therefore the questionnaire was to be carried out by volunteers after they had appropriate training which was revised due to the limitation of a shortage of volunteers available for the task. Thus, it was carried out by the Information Officer and the Client Empowerment Officer. However, a challenge arose, in terms of the 'client post service questionnaire' as a result of the client's circumstances regarding access. It is an ongoing task to overcome the limitations of access to the post-client and this was an unresolved

issue that did mean efficient data gathering for the research was difficult. Due to the organisation's lack of resources and time, they decided to postpone the mandatory use of the 'client post service questionnaire' until an effective way of collecting data was identified.

4.3.1.2 Objective two: Effective management information system

In order to fulfil the overall objectives of the project change was needed to improve the management information system. The Information Officer and I were appointed by the leadership team to review the management information and the use of the In-Form system. To ensure the quality of use, interpretation and reporting of collated data, to reduce data lost and improve the results of external and internal reporting. Another area of change was to re-launch the Outcomes Star system and monitor the process to make sure that the usage of the tool increased and reached full capacity.

The team was responsible for reviewing the scope of data collection to ensure that it clearly demonstrated the client journey and satisfaction. In addition, as paperwork is aligned with the needs of outcomes monitoring and QAF Standards, there was a need to review and streamline all clients' paperwork, including training and implementing best practice through consultation. Finally the 'Client Improvement Officer' and I were responsible to design sets of client questionnaires to identify effective service satisfaction and outcomes monitoring for performance reporting.

Action one: In-Form system:

The data resources were the project's biggest concerns; therefore, a large amount of the organisational resource was invested during a six month period (January to July 2011) in "operationalising" the new client management information database, which forms the building blocks to all reporting processes. Work included: training and coaching, establishment of champions in each team, including regular update and feedback meetings, development of crib sheets, incorporation of staff feedback to the system, ongoing adaptations to ensure that they fit the purpose and regularly tidying and maintenance of the system.

The under-used MIS was upgraded to "In-Form" in 2011. In-Form is a highly secure web based management information tool designed for homeless and housing support charities by Homeless Link. The previous system offered little information about the

true picture of the organisation's activities and outcomes. The initiation was motivated by a management strategy to become more proactive in reporting and presenting the social values to key stakeholders in the development of social impact measurements and to address the lack of information management within Norcare. The need was sufficient that a dedicated Information Officer post was created. The current system needs a complete review in capturing information and data collection methods, i.e., In-Form, paperwork and reporting format. Following the staff training in January and February 2011, the Information Officer set the deadline that by the end of April 2011 all the existing clients within Norcare should be using in the In-Form system.

Recording system (client paperwork):

As part of the management information review, I also took part in reviewing all existing and creating new paperwork²⁸. We also developed guidance notes, FAQ sheets, a process map and index sheets to assist all paperwork, and a process map of the client journey since the client was referred to the organisation; by the aims of standardisation of the recording system. The Outcomes Star tool and outcome mapping objectives were also fed in and captured both sites of hard and soft outcomes.

The focus of the paperwork review was to align the client paperwork with outcome mapping and embed the Outcomes Star tool elements within them. The team attempted to make them more effective and improve them in a way that the organisation was able to report easily both internally and externally to SP and Tenders whilst being able to meet the QAF requirement.

The design included a target to monitor what was going on in the client's life to focus on individual circumstances. The data collection needed to be realistic and select the form of data that could manage both in terms of information gathering and analysis. As well, it needs to satisfy the external requirement such as Supporting People and QAF.

The new paperwork needed to more user friendly for staff and clients whilst helping improve the organisational ability to report on outcomes. The result would help the organisation achieve higher QAF grades and reduce the volume of paperwork.

²⁸ The list of the paperwork is provided in Appendix 3.

Prior to review there was polling and discussion with staff regarding paperwork and overall the group had positive feedback from staff about the change, standardisation and a reduction in paperwork involved with each client.

Previously, the staff argued that: From my journal (July, 2011):

“The existing document is very long and time consuming, in terms of doing it in one session when dealing with the chaotic situation of a client” (conversation with Newcastle team).

The new document had a more efficient layout and format. Also, a significant change was to capture the client’s circumstances at the beginning of service, by implementation of the Outcomes Star within the document; staff could track the client change journey from the start of service.

In discussion with staff, it was also acknowledge that it was essential that the organisation could capture and represent the early stage changes through the client’s engagement with the organisation’s services and help create their initial support plan. The new form of the Support Plan was introduced to capture more meaningful information. Thus, the form became a live document and was used as a key-work document. The Outcomes Star was embedded in the document. The new support planning mechanism created a structured series of identifying objectives/goals which could be broken down into a number of smaller achievable targets. The outcomes gained from achieving these goals and targets should mean that the client was one step further in reaching their lifestyle aspirations. Also a new form of identifying challenges and positive risk were in place for both the client and Housing Support Officer. The ‘Support Plan Review’ incorporated all the changes by allowing reflection on the original support plan and reviewing progress made as well as the creation of new or varied goals relevant to that specific point in a client’s journey. At each review point, there should be agreement between the client and the ‘Housing Support Officer’ about the achievement stage of each individual goal. Hence, each individual’s goals that were not achieved to date were marked as: ‘No Longer Required’ (NLR) that action is cancelled, ‘Carried Forward No Progress’ (CFNP), or ‘Carried Forward Partially Achieved’ (CFPA). Thus, all future client actions were based on one of the above categories.

In the new system Outcomes Star was embedded in every stage of the client support from beginning to end. The system records each stage from the initial interview at the point when a client is accepted, then again at each point during their support plan, during the needs support assessment and within each client questionnaire. Table 3 shows the time sequence of usage of the Outcomes Star tool through the client support period.

Time	Paperwork
At point of acceptance	Interview and Initial Needs Assessment form
Week 4	Support Needs assessment
Every 16 weeks or as required	Outcomes Star tools
Client exit point	Client Exit questionnaire
6 months after service	Client Post Service questionnaire

Table 3- Frequency of usage of Outcomes Star within paperwork

The time sequence of usage of the Outcomes Star through the client support period under the new recording system is described in Table 3.

Also, there was consideration of a filing index. Based on feedback from Housing Support Officers there was not a common way of indexing client's files. The group decided there should be a standard format for the filing process so every staff member could follow it. The standardised indexing helped ease of access to client information in case of any future auditing or review (internally or externally).

To address these issues, the group had to ensure that In-Form was utilised to its full potential and incorporate these changes. The Information Officer worked with the software provider to overcome system limitations in term of capturing information, also I spent some time with Housing Support Officers to review indexing file format and agreed a format which was suitable for In-Form.

Based on staff feedback and after the first set of training, the group recognised that the next action was to upgrade In-Form in line with new paperwork (live support plan), positive move-on (SP data), Outcomes Star (alongside with other paperwork and interview via questionnaire (three sets)). Based on my data usage and the Information Officer's experience, we came up with some ideas about priority data and identifying missing data such as personal details, the organisation's project primarily client group, Outcomes Star tool, and client Outcome star date to identify any limitation and data lost in the system.

Data collection, monitoring:

An internal report (Leadership Report) for monitoring KPIs (Key Performance Indicators) as hard outcomes was developed over the six month period of the current cycle based on usage of In-Form data and became a standard agenda item at the Leadership performance meeting. The hard outcomes that were recorded for SP return and Move-on reporting as well as a financial indicator of the services makes the KPIs report a more straightforward task for the team to complete. Other reports were created to support Norcare's service delivery and compliance, such as Equality and Diversity Community Profile/monitoring Report Extract and 'Move-on' outcomes extract. There was also close monitoring of the usage of the Outcomes Star tool and data entry to the In-Form system.

Based on the monitoring data there was an urgent need for training to fill the gap of data collection and usage of In-Form. There was training for usage of the paperwork in August 2011 and October 2011; followed by guidance on usage of new paperwork by Head of Quality Assurance, Information Officer and myself.

Re-launches of Outcomes Star tool:

The re-launch of the Outcomes Star was in parallel with upgrading the computerised information system as the tool is built into In-Form. The objectives were to guarantee consistency of usage and buy-in from staff, Outcomes Star re-launched with new guidelines and guidance documents. The new emerging structure and guidance encourages staff to implement the Outcomes Star tool due to the challenge of engaging with the client as well as with staff. There was also an agreement to provide essential training for all staff involved with data collection through the Outcomes Star system, addressing any lack of skills and specialist roles as well as changing the organisational culture in relation to data collection.

Meanwhile, based on a discussion about the situation of tendering in Sunderland and new local authority policies in the region and how much they are in a danger of losing the contract within the Outcomes steering group; there was an agreement that the Sunderland team was used for a trial project for reviewing the usage of the Outcomes Star. Thus, there was a meeting between the Sunderland team, Head of Quality Assurance and I to discuss this matter. At the meeting it was emphasised how important it was to have quality outcomes reporting to show how an organisation makes a difference. After discussion with the Sunderland team; the staff agreed to input some data that is still in paper form to In-Form, to improve data quality in April 2011 and revisit it in July 2011.

To encourage staff to use the Outcomes Star tool, a help package was provided to all staff. This package included: Blank Outcomes Star Sheet, Guidance Notes for Completion of Outcomes Star, Client Quick Guide, Official User Guide (by Triangle Consulting and Homeless Link), Norcare Referral, and the Support Plan Process.

4.4 Stage three: Observe (overall observation-cycle one)

The first cycle of action research was finalised, in July 2011, as a result of providing the first internal outcomes report to the Board. In cycle one, implementation and observation were performed in parallel. The parallel evaluation stages enabled me to identify an emergence of new knowledge and take the study to a new level. It also enabled me with the opportunity to critically reflect on and identify themes by reviewing the effectiveness of the actions taken in during the observation stage. This cycle records the effect of action through reflection.

At the end of cycle one, I did a brief overview of the cycle as an overall observation to examine how successful the cycle had been.

4.4.1 Evaluation (initial plan)

The evaluation made based on overall changes occurred as a consequence of any single action based on the different characteristic of each action and their weights and time resources that they drew into the overall task. As a result of the evaluation in cycle one the project was able to be refined and re-planned for the next cycles.

From the initial monthly report of the Leadership performance meeting; the group learned that the quality of the data collected in the first half of 2011 was not what was expected from the Outcomes Star tool. In the project meeting, it was decided to have a monthly evaluation of all the existing data in order to have a better understanding of the limitations and boundaries of the data collection process.

Input data to In-Form indicated that despite all the informal and formal communication with the front line staff and awareness; there was still an issue about data gathering. There was clear resistance by staff to using In-Form and specifically the Outcomes Star tool. Based on my reflection of the situation a number of issues were causing this. The organisation had gone through many changes at the strategic and operational level over a rapid timescale. A number of staff, who had been with the organisation since the beginning, found tackling these changes difficult. They resisted adopting the new system, due to fear and confusion about the new system, and uncertainty regarding their future role in the organisation. It was also identified that a lack of computer literacy by staff was also a problem. As a result, usage of the tool had been constant since the re-launch of the Outcomes Star tool of the Big Team Event on June 2011.

In the view of Zuber-Skerritt (1992) important requirements for action research are self-evaluation and reflection based on evaluation and invited critical feedback from stakeholders. Based on the staff reaction at the 'big team event' and my visit to each team, there were still communication and ownership difficulties across the service delivery team. It seems that an outcome report is still a priority for the leadership of Norcare but had not been transferred adequately to front line staff. It was also identified that the service delivery and communication department needed to be more involved in the process as they need to have ownership of the process in order to have a successful outcome from the project. Nevertheless, there were positive effect from the work of the Outcomes Steering Group, the department of Development and Communications had included available outcomes information within a tender (contract and grant) application. Further formal awareness was conducted, including a re-emphasis on the importance of the usage of the tool and any additional training needs highlighted with subsequent support carried out by the group.

From my journal (June, 2011):

"There was an email from the Director of Service Delivery sent out to all staff regarding how difficult it is to produce outcomes data, to emphasise not all staff are using the Outcomes Star tool and if so they failed to record it".

In conclusion, without further work on the identified issues, and until the concerns of the management information system and data gathering are addressed, the process of social impact measurement could not proceed and produce a meaningful outcomes report.

The first outcomes report (July 2011):

The first outcomes report was completed and was presented to the Board at the meeting in July 2011. The data source for the outcomes report was Norcare's In-Form system. The intention was to expand the sources of the report to include contextual data from client interviews, support plans and case studies to provide a broader view of how the organisation helped their clients. The Outcomes Star data was taken from the information entered via In-Form for the first half in 2011. It compared the scores of clients who were supported by Norcare for different lengths of time to determine the outcomes achieved. The hard outcomes data showed where specific outcomes were achieved, such as moving on to a tenancy and registering with a GP.

The aim of the report was to incorporate the following elements to produce a detailed yet succinct report, which could be used in various formats internally and externally. The report informed on the following areas:

Outputs: Information about the activities carried out with clients;

Quantitative outcomes data: including Outcomes Star ratings, from client's post-support, support plan goal achievements, move-on data, tenancy, health, employment and other data available.

Qualitative outcomes data: that represented by case studies from front line staff and contextual interview data.

The proposed outcome areas for reporting during a client's support within Norcare were broken down into four key themes. The themes demonstrate the impact of the intervention of Norcare with clients and are clearly related to the 'Norcare Promise':

- a. **Reducing:** such as reduction in mental health issues, reduction in physical health issues and adoption of healthy lifestyles, reduction in antisocial behaviour and offending and reduced dependence on substance misuse.
- b. **Improving:** such as improved Self-Care, improved quality of relationships, improved living in the community and improved self-confidence.
- c. **Empowering:** such as more clients making informed decisions about issues that affect them, maintenance of independence and increased life skills.
- d. **Sustainability of Progress:** such as greater engagement in employment and motivation to find employment or training, maintenance of stable accommodation and ability to self-manage finances.

There was satisfactory feedback from the Board; however, training and networking suggested establishing a pathway to develop a social audit within Norcare which was a longer term goal with groundwork still to be completed. In addition, the outcome reporting process was further developed over the forthcoming months and was reliant on the nature and validity of the data that was being collected. The issue of outcomes

mapping and the format of outcomes reporting was to be ratified at the July 2011 Board meeting.

4.5 Stage four: Reflect (overall reflection-cycle one)

A reflection stage provides a critical analysis of the process and determines whether the intervention represents a solution that meets the organisation's needs (Whitehead and Elliott, 2007). The reflection in this cycle is drawn from experiences gained in the evaluation stage.

Dey (2007) claims that engaging with social accounting plays a substantial part in shaping organisational change. The organisational change due to engagement with social impact measurement was multifaceted. The organisational changes emerge based on both the influence of insider and outsider stakeholders and to those involved in the changes before, during, and after the process (Frooman, 1999). In Norcare, the changes were a response to both the external environment in the outside world of the organisation and in relation to the inside of the organisation as an internal dynamic environment. The change was due to the organisational practice and its identity that was specified at the beginning of the process as a result of needs and problems identified by the organisation.

4.5.1 Reflection and reconnaissance

Prior to engaging with the social impact measurement, the main form of accountability for Norcare had been largely from formal regulatory requirements i.e. financial reporting to the charity commission through the annual report and formal reporting to the commissioner, e.g., Supporting People report. The social impact measurement provided additional dimensions of accountability for Norcare.

The mechanism of accountability had already been established in Norcare through the initiation of social impact measurement. By engaging with the task, the organisation's strategic horizon shifted towards new forms of accountability. Norcare seems itself accountable in different ways, not just through financial accountability to commissioners but also to staff and clients. In cycle one of the present study, Norcare learned more about itself and its performance measurement practice and was able to improve its management capability through introducing new teams such as the leadership performance team and the Outcome Steering Group. Norcare had also been

able to improve their communication with staff due to formal training sessions. This cycle enabled Norcare to improve their practice of accountability with internal stakeholders.

This cycle, identified that the main objective of Norcare is to ensure a positive impact on clients by providing quality services. However, securing sources of funding and protecting their existence dominates their main objectives and influences their accountability relationship with the external environment. The environment that the organisation works within is that of competition, local authority budgets, maintaining existing contracts and concerned with changes of government (local and national). This influences the way Norcare operate. Consequently commissioners are significant stakeholders and client outcomes play a role as an indicator where Norcare need to demonstrate their contractual duties.

As a result of engaging with the social impact measurement process, cultural change occurred due to a change of the organisation's identity. The changes occurred during the debate on the organisation's mission. The period that Norcare was answering questions around about whom they are as an organisation and how they are structured resulted in a changed shared vision between senior management. The ongoing cultural changes resulted in the operational changes that guided the organisation to decide to join in a legal partnership with the Fabrick Housing Group in 2012.

During this cycle, I improved my understanding of the performance/outcome measurement context by analysing the effects obtained through noticing natural processes throughout the period. I identified a theory that addressed an event brought up by the organisation in practice.

The cycle one reflection demonstrates the process of developing social impact measurement was not straightforward and shows why it was difficult for Norcare to implement the process, despite the initiation of the project years ago. The initiation stage and cycle one experience provided the evidence of limitations to the project. The lack of appropriate preparation prior to the exercise e.g., awareness and knowledge, effective training, efficient resources, and establishment of background aspects by senior staff members were identified that led to resistance of being involved with the project by the staff members. Accordingly, in this cycle, an understanding of social

impact measurement and the organisation's clear goals about the project were crucial. Cycle one established a clear understanding of what the organisation wanted to achieve so the lessons learned from cycle one could be fed into the project in the next cycle. However, the reflection reveals the fact that the Housing Support Officer was resistant to accept the social impact measurement process.

From my journal (June, 2011):

"The staffs believe that "we know what we do and the difference we make is explicit. Why do we need to take an extra action, more time and resources to prove it instead of using the time to do more of what we are good at" (Monthly Housing Support Officers meeting).

Overall, cycle one was successful in providing guidance to the ongoing process of social impact measurement and providing a pathway for the organisation. I interpreted the first outcomes report as a form of evaluation. The report reflected on data gathering and monitoring that enabled the group to realise the limitations and an opportunity to improve the outcome mapping. The outcome mapping can capture social value and align this with Norcare's mission objective. This report became the pilot and scoping document for the outcomes report that was published in 2012.

Table 4 shows each action that took place towards achieving the aims of the study at the end of cycle one. Each achieved (satisfied) action exits the action research cycle and those that are not yet fully achieved are re-planned and enter into the next cycle. In the first six months of the project, the management information system was in place; however, it still needed to be in conjunction with new updates in client paperwork. The system still needed to be upgraded and data input monitored. The project achieved completion of the client paperwork review, nevertheless it needed to be embedded into the organisation through training and integrated into the In-Form system. The Outcomes Star tool needed to achieve its full capacity in regards to all existing and new clients. Although the outcomes map was approved by the organisation and there was a monthly outcomes report; yet there was still the opportunity to improve the system further and meet both the clients and Norcare's needs.

Step 1: What difference do we want to make? (Organisational Mission Clarity)				
ACTION	OBJECTIVE	TIMESCALE	OUTCOMES	ACHIEVEMENT
Action 1: Mission/ vision/ value	Outcomes monitoring and internal performance reporting	September 2011	-Successful Business model; -Create the environment that supports the organisation's long term sustainability.	Partly Achieved
Action 2: Stakeholder map and decided on key stakeholders		March 2011	-Clear understanding of stakeholders that are affected by or can affect us.	Achieved
Action 3: Define Objectives (aims): <ul style="list-style-type: none">• <i>Understanding the concept</i>• <i>Outcome mapping</i>• <i>Client questionnaire</i>		February 2011 June 2011 July 2011	-Developing capabilities for social accounting. -Ownership of outcomes and improved publication to support tenders.	Partly Achieved
Underlying issues that need to be addressed in step 1:				
ACTION	OBJECTIVE	TIMESCALE	OUTCOMES	ACHIEVEMENT
Action 1: In-Form system: <ul style="list-style-type: none">• <i>Recording system (client paperwork)</i>• <i>Data collection/ monitoring</i>• <i>Re-launches of Outcome Star tool</i>	Effective management information system	January 2011 Ongoing August 2011 June 2011	-Improved quality of recording and reporting of outcomes. -Availability of data for internal use, and for funder and Board requirements.	Partly Achieved

Table 4- Cycle one action plan achievement and the revised plan for next cycle

Table 4 demonstrates individual action that occurred in cycle one and their outcomes with respect to the cycle two action plans.

Cycle one was a combination of the events that act as a foundation for the initial outcome reporting model and tailoring the social impact measurement process in Norcare. The main focus in cycle two was shaped by cycle one illustrating the plan, resources and action plan needs and, how we are going to achieve it.

The next cycle of the study is based on the discussed results that are summarised in Table 4. Cycle two (August to December 2011) will provide a detailed examination of the development of outcome mapping. In the next cycle, I will emphasise, how the team came up with the new set of outcomes elements in the mapping process; based on data generated by the In-Form system and the evaluation of monthly outcomes reporting. The plans for cycle two were in response to step three of social accounting mapping and asking the question: how do we know we are making a difference? Through developing outcomes indicators and planning the time scale for the first set of data that could be used in reporting.

4.6 Summary of the chapter

The chapter has described the period October 2010 to July 2011 during which cycle one occurred. The cycle emphasised the action that took place based to help develop the social impact measurement process. The chapter provides a foundation of the later action research cycles of the study.

In the current chapter, the diagnosis stage was shaped by the idea of better identifying and understanding the facts of the organisation's situation by studying the organisation's history and background of initiation of social impact measurement within the organisation.

The diagnosis stage helped me to act as participant observer to diagnose, describe and explain the relevant issues on measuring the social value of services provided by Norcare. I explored the Norcare environment, including the workplace, geographical position, aims and objectives and emphasised areas of the organisation that had an influence on the achievement of the aims of the study by following participant observation and documentary evidence. The diagnosis stage also enabled me to become increasingly familiar with my environment and understand the organisation.

Cycle one describes the foundation of the work done when scoping the project. The events presented in this action research cycle were based on my own involvement in the development of social impact measurement at Norcare. The full scope of recording techniques utilised to collect required information where the data gathering undertook at the same time of my direct participation in the task.

Cycle one attempted to explain why and how the social impact measurement process was an experiment and what the consequences of adopting such processes by Norcare would be. Stage one was to explore and plan the study by diagnosing and describing the organisational environment at the beginning of the study and identifying areas of change or improvement. Also, it involved decisions on the time-scale for each area of change or improvement. Based on a prioritised list of actions, the actions were implemented. As the last stage of any action research cycle; evaluation has been performed for each individual action in parallel with their implementation. Then reflection of the organisational change through its accountability relationship with their stakeholders was performed at the end of the cycle one period.

Cycle one can be seen as groundwork, as the actions within the next cycle are in conjunction with cycle one's actions, that shape the development of social impact measurement in Norcare.

Chapter 5: Cycle two (the action taking cycle)

5.1 Introduction

Based on the action in cycle one, we were able to continue constructing our social impact measurement exercise towards the creation of an outcomes report framework that reflected Norcare's activities for the benefit of their client and community.

Cycle two addresses the time frame between August 2011 and December 2011. The majority of the work done in cycle one was the groundwork for the project. This cycle provided work in progress as the main focal point was on capturing the entire impression of the implementation of the events and relevant observation carried forwarded from cycle one. Therefore, the events that occurred during cycle two continued the work and revised the plans from cycle one whilst identifying any new action needed.

Cycle two ended in December 2011 as a result of changes to the operations and strategy of Norcare; these indirectly influenced the process of social impact measurement. On December 2011 the organisation decided to review the structure that had been agreed in October 2010 and also investigate the legal joint partnership. They also reviewed and changed the entire operational system and revised their strategic plan.

5.1.1 Layout of the chapter

This cycle derives from the outline of cycle one. In an attempt to capture the lived experience of social impact measurement process by Norcare and organisational changes due to informal and formal accountability relationships as a result of the process.

The earlier cycle's results, including both data collection and literature review, were helpful in challenging the information in cycle two and interpreting them through the process of refining my understanding of the situation of the study (Dick, 2004). It also was a significant help for decision making during the crucial periods of change in cycle two and in a later cycle (cycle three) of the research.

This cycle acts as the working progress cycle for the development of an outcomes measurement framework towards the social impact measurement exercise by the organisation. Therefore, cycle two followed the core model of the action research

framework described in chapter three and the data has been collected from several sources within the organisation and externally.

5.2 Stage one: Revised/new plan

Cycle two (action taking cycle) was the period of implementation of the scheduled plans in cycle one. Cycle two also was the period of developing the framework for the outcomes reporting that reflected on the resulting information generated in cycle one.

Norcare was developing a social impact measurement as a mechanism to close gaps in their practices of accountability to multiple stakeholders and in particular their clients and commissioners. Whereby, Ebrahim (2005) acknowledged that accountability is a method of relationship management. Norcare was looking to follow a framework that makes sense in their context and also meet the needs of their accountability relationships. The model also needed to satisfy the specific need of having low running costs whilst being able to overcome any disadvantages from a lack of standardised reporting (i.e. Outcomes Star tool, SP return, and Move-on) and has low analysis costs.

Based on the interaction between the action and the results in cycle one, the reflection of highlighted which actions need to be revised in order to collect all the data needed for reporting on outcomes. As the nature of action research is cyclical in its orientation, it required continual acknowledgement of changes that would take the organisation forward to meet earlier goals, and also identify further goals. Hence, to fully capture the information, any new event that occurred in this period that influenced the project had to be added to the study.

5.2.1 Diagnose the problem and/or to accept the need to change or improve:

The identification of problems in this cycle reflected upon the result of the actions that occurred in cycle one. Based on the evaluation in cycle one, both the management information system and outcomes monitoring needed further work. First of all, in regards to the outcome monitoring process, although the initial work done by the team and the first report was presented to the Board in July 2011 the observation in cycle one showed there was the need to improve the efficiency of the system. The data can improve the reporting procedures and validated data gathered by In-Form. Secondly, the In-Form system needs to be aligned with the new client paperwork for the purpose of data collection efficiency. The team also identified the opportunity to capture even more

meaningful data from the Outcomes Star tool. There were also other events within the period of cycle two that need to be acknowledged in this study as they affected both directly and indirectly the social impact measurement process. The events included reviewing the structure of the organisation during December 2011, the legal partnership with the Fabrick Housing Group, and the implementation of the new service delivery model by reviewing the organisation's activities.

5.2.2 Describe and explain the relevant facts of the situation (Reconnaissance) that needs change or to be improved upon:

In cycle one; a stakeholder map was formed for the scoping of the social impact measurement exercise. The map was created by assessing the organisation's accountability relationships and understanding the multiple layers of accountability. Norcare has multiple stakeholders, with different power relationships and some stakeholder demands are placed ahead of others who lack the equivalent power, such as clients, community and staff members. To perform their accountability obligations, Norcare discharges any formal reporting (i.e. financial and nonfinancial) and some informal reporting such as press releases, website, and newsletters (Bovens, 2006). As a formal mechanism of accountability, Norcare publishes their annual financial report. A further formal accountability mechanism is to report to Supporting People (i.e. Move-on and SP return). In addition to the formal process, Norcare uses an informal mechanism to discharge accountability through regular newsletters in paper format and their website. Also, they make use of local media to inform its community and maintain a website to provide information to public.

Due to the engagement with the social impact measurement exercise, the organisation changed within its social and economic situation. The changes reflected in their workplace both in strategic and operational level. These changes occurred in a process of understanding themselves, taking action, evaluating and reflecting on what happened in multiple overlapping processes. The social impact measurement exercise contributed directly to the organisational changes by creating the organisational motivation for redefining their existence by determining their organisational objectives through a new mission statement. How this process creates change and how it functions over a specific period of time depends on Norcare's ability to gather the usefulness of data and information that influence decision making and that are relevant to the mission

statement. Whereby, those systematic changes require the input and commitment of multiple sources and flexibility by Norcare.

5.2.3 Planning action:

As outlined in cycle one (stage one: planning action), there is no exception in regards to the occurrence of the events in the sequence of action research stages. In the timeline of cycle two, I intended to illustrate each individual action in a separate sub-cycle of activity and observe with the overall reflection of the cycle as a conclusion.

By the time of the second cycle the first outcomes report had received acceptable feedback from the organisation and the outcome mapping had been agreed in principle via the Outcomes Steering Group. However there was still an issue with reporting on client outcomes due to the continuing limitation of data gathering. As the process continued, there was an opportunity to make the data gathering more efficient by resolving the issue of resistance from staff. Also, based on the data generated from In-Form, a new approach to outcomes measurement occurred, with the aim being that contract terms and desired outcomes were better aligned.

Table 5 describes the sequence of actions in cycle two based on the third step of social accounting. The In-Form system, the Outcomes Star tool and the client questionnaire need to be monitored closely by the team. The monitoring needs to be done to the point that reaches the full capacity and enable a satisfactory result to be achieved for outcomes reporting based on improved data gathering. Outcome mapping had to be finalised in a standard requirement by the Board for monitoring performance indicators and reporting purposes. As the early stage of data collection showed staff lacked computer skills and adequate training, these issues needed to be addressed in order to improve the data gathering.

Step three: How do we know we are making a difference? (Data Collection)		
ACTION	OBJECTIVE	TIMESCALE
Action 1: Decision in a unity mission statement	Outcomes monitoring and internal performance reporting	November 2011
Action 2: Define Objectives (aims): <ul style="list-style-type: none">• <i>Key Stakeholder analysis</i>• <i>Outcome mapping (review/revise): identifying Indicators, Output and Outcomes.</i>• <i>Client questionnaire (Find resources to carry out the questionnaires.)</i>		September 2011
Underlying issues that need to be addressed in step three:		
ACTION	OBJECTIVE	TIMESCALE
Action 1: In-Form system: <ul style="list-style-type: none">• <i>Recording system (client paperwork): (Adequate training, including Awareness and understanding)</i>• <i>Data collection/ monitoring</i>• <i>Monitoring Outcome Star tool</i>	Effective management information system	December 2011 Ongoing Ongoing

Table 5- List of agreed actions in the process for outcomes measurement project in cycle two (Step three)

Table 5 includes the details of the issues raised in the process of social impact measurement within the period of cycle two of action research and the timeline of the actions with identified objectives for those actions.

The resources for cycle two are the same as mentioned in cycle one with additional involvement from frontline staff as a shared vision of the project spread into the organisation.

The result of cycle one was presented to the Outcomes steering group by me in the shape of a new plan. The plan outlines the number of the activities needed in order to improve the limitations identified in the last six months of the study. The team agreed a number of main objectives: narrowing down outcomes mapping and their indicators to achieve more effective data in an efficient timeframe; providing information and data that would be useful for securing contacts; focus on improving In-Form, where the system can generate almost all the data used for reporting on social accounting.

5.3 Stage two: Act

This stage followed the format that was applied in cycle one. There is considerable overlap between various actions, since the action research timeline did not assign neatly to specific actions. Additionally, those actions did not form individually and with equal weight as each one follows different implementations within the Norcare practice. Each action has been described individually in terms of implementation and observation. There is a summary observation and reflection in regards to the actions in cycle two.

5.3.1 Implement

In cycle two, some of the implementation was in conjunction with the results of cycle one. Similarly to cycle one, it uses a variety of data collection methods and integrated evaluation. The following sections demonstrate each individual action based on the objectives in Table 5.

5.3.1.1 Objective one: Outcomes monitoring and internal performance reporting

During the period of cycle one, the foundation of the outcomes reporting had been in set up through the outcome mapping. The map integrated with the client paperwork and In-Form for data collection purposes. As a result, by the end of cycle one there was an internal outcomes report that was presented to the Board in July 2011. However, with the longer term aim of establishing a system to develop social accounting and audit and reporting to external stakeholders more work was needed to overcome data gathering limitations. In this cycle, the work done to develop outcomes monitoring can be described in three sections: work in progress for improving the outcome mapping;

producing a second outcomes report in November 2011; presenting at Board meetings and the outcomes report for the performance of the Apple tree project.

Action One: Decision on a unity mission statement

The process of learning how to capture the impact of the organisation assisted them in working from their overall aims to an improved understanding of all the steps involved in achieving these aims. A map of how Norcare's day to day actions contribute to their mission assisted this process. An investigation of the mission triangle in cycle one led to the discussion on evaluating the vision and mission of the organisation. Therefore, they compared the proposed outcome areas against the organisation's mission statement to establish if reporting social impact would represent and reflect the reality of Norcare. During May 2011, the suggestion of the leadership team for a mission statement was:

“Working together to empower vulnerable people to live independently in the community” (Norcare mission Statement).

The new mission statement was focused on the four key themes including partnership working, empowerment, independent living, and community integration:

- Partnership Working: Ensuring a cluster of capabilities internally and externally which provide a holistic and non-duplicative package of support.
- Empowerment: Providing clients with the tools for self-confidence, motivation and a belief in their own capabilities.
- Independent living: Ensuring clients are able to live as independently as possible benefitting themselves, society and the public purse through the reduction in additional support.
- Community Integration: Reducing social isolation and promoting the values and benefits of becoming an active and fully functioning member of their community 'The Big Society'.

The mission statement was led and directed by the Board; following agreement by the Board to review the current statement. Consultation had taken place at the Norcare conference in October 2011, and it took another month until the statement sought guidance and reached the final agreement from the Board members in November 2011 for a new vision:

“Improving lives, developing independence” (Norcare vision).

The organisation continually developed its practice in the model of social accounting in cycle two. During August to November 2011, the review of the organisation’s existing governance documents also took place. The process helped Norcare to clarify its strategy, measure their impact and think about them from an informed position. The process also influenced the review of the operating system under the remodelling of the service delivery. Once the mission statement and desired outcomes were clear, the organisation was able to agree the activities, how they wanted to deliver them and the outputs that would be achieved led Norcare to substantial change. This helped Norcare think more about what they want to achieve rather than what they want to do. It also made the organisation revise the option of working with a formal partner or within a larger organisation model to make sure that what they do is right for their clients who are and will remain at the heart of the organisation. Accordingly, they made a decision to review their partnership network to work even more closely with other organisations in the area to achieve the best outcome and have more influence impact to the community.

Action two: Define Objectives (aims):

It is important that Norcare identify and assess impacts that are genuinely relevant to their work, not simply transferred or taken from elsewhere (Ellis and Gregory, 2008). In the team meeting, based on the early stages of data collection on In-Form, I noted the opportunity to improve the data collection in the meeting by examining the outcome mapping objectives in line with the organisation's mission and the agreed objectives in previous meetings on the action plan for this period. As a result of the meeting discussion, my task was to investigate the available data and undertake research to suggest the new outcome mapping objectives in line with their accountability relationships. Thus, my aim was to find the best way for Norcare to collect and manage their data in order to achieve their desired outcomes and mission.

Key Stakeholder analysis:

Establishing the scope and identifying the stakeholders is one of the principles in any outcomes measurement tool, because the project needs to check on the availability of resources and include stakeholders in any analysis of accountability. My investigation

started with the organisation's stakeholder map. Stakeholders normally consist of: service users (client), local communities, commissioners and other organisations involved with the organisation's activities. The organisation needed to only consider stakeholders that were experiencing significant change as a result of Norcare's activities and outcome goals (Appendix 4). Also, Norcare is faced by multiple stakeholders whom do not have the equivalent power relationship. Although the social impact measurement was performed for the purpose of upward accountability, ultimately power is shared bringing the community stakeholders (clients) into the power relationship so downward accountability happens too.

The client outcomes are the main outcome indicator for the commissioner and the client is at the heart of all of Norcare's activities and the organisation's existence. The reporting focus is to develop a method that has the ability to promote the organisation's mission statement and illustrate the intention between Norcare activities, their contacts and funding by uncovering what is working in client's lives. Whilst acknowledging the achievements clients have made because of the support they have received from Norcare. By focusing on client accountability Norcare is responding to both commissioners and community accountability demands.

Accordingly, with the focus on the client group, a complete analysis of the available data was performed by me. This analysis was performed to review the organisation's client's demographic view and primary needs to establish their outcomes requirements. The demographic analysis of clients can empower the organisation to make more informed decisions to assign adequate resources and focus on the most frequent service user/client.

The data was mainly captured by key-work paperwork, including MIS and In-Form during period of 2007 and 2011 based on 285 individual clients. The result reveals that among 285 cases, between 2007 and 2011, 59% of the clients were male compared to 41% female clients (Figure 16), clearly both gender groups can be considered as key stakeholders.

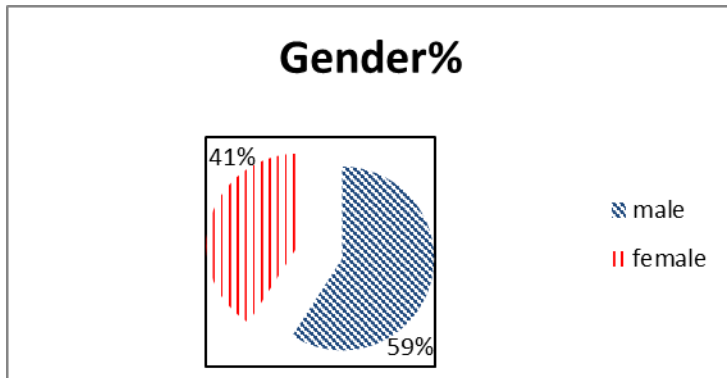


Figure 16- Client gender category (2007-2011)

Figure 16 describes the gender population of clients between 2007 and 2011 with regard to 285 individual service users.

In the early stages of data collection, I noticed that for each client there is a primary need that indicates which services the client requires. Therefore, in addition to conducting demographic analysis, I investigated the client's primary need, as the existence of a primary need affects the amount of effort made on specific services that will have an influence on the measurement in terms of the time and willingness to find the most appropriate measure for the value of those services.

Within the client group (Figure 17), 15 primary needs were identified from 285 individual cases. The significant primary needs, by considering of the client numbers in each category are as follows:

- Offenders or at risk of offending (65; 25%);
- Single homeless and/or with support needs (42; 16%);
- Alcohol abuse risk (39; 15%);
- Mental health problems (35; 13%);
- Drug problems (27; 10%);
- Domestic violence or at risk (21; 8%);
- Others (Care leavers, Homeless family, Learning or physical disabilities and etc. (31; 20%).

For the calculation of the percentage for each category; the calculation excluded missing data (blanks or 'not known', n: 25).

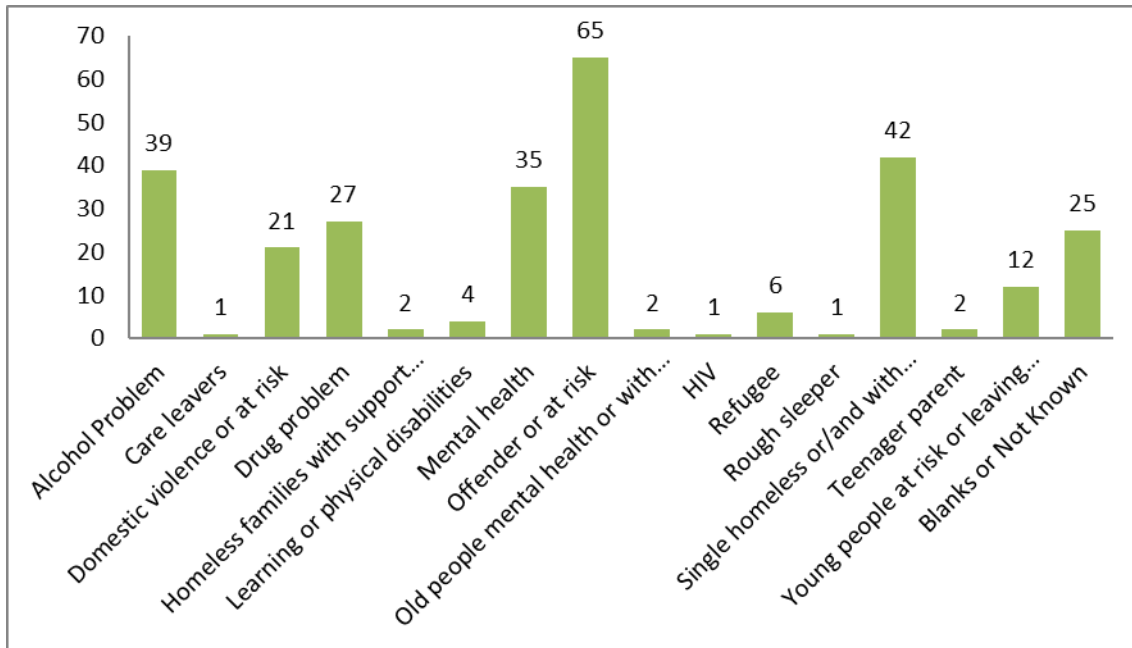


Figure 17- Client group primary needs (2007-2011)

Distribution of client's primary needs from 2007 to 2011 was based on 15 areas of support and 285 clients.

There were 13,500 items that had been discussed with 285 clients during the period of 2007 to 2011 within 19 areas of support. The areas that were discussed in the client's key-work paperwork (Figure 18) revealed that the following areas were most popular within the period of the study: managing tenancy and accommodation (n: 270: 94.7%), managing money (n: 265; 93%). The next most popular categories involved 214 clients and were social network and relationship, self-care and living skills, physical health and meaningful use of time that are all above 75% of the total. Employment and training, mental health and drug and alcohol misuse are in the next categories as they are all above 65% (n: 185) within the client group.

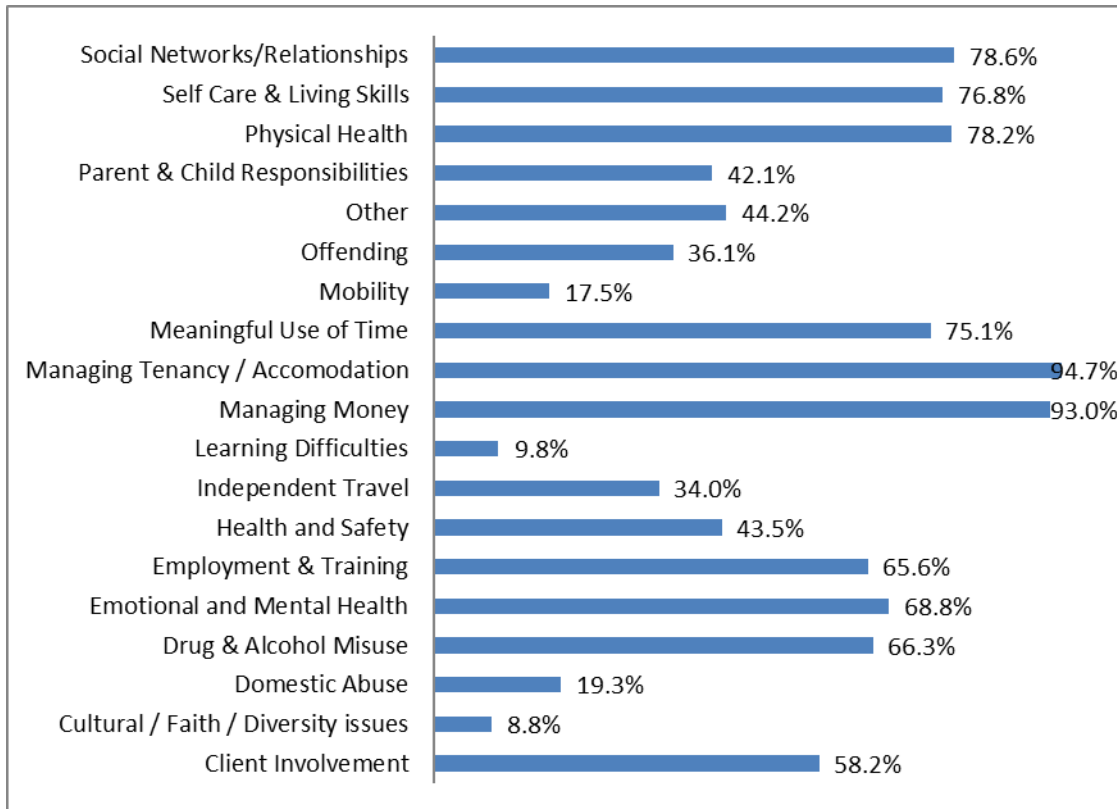


Figure 18- Area of support discussed in clients key-work (2007-11)

Each area of support within the client's key work paperwork over the period of 2007 to 2011 was discussed in Figure 18. Data includes 285clients, 19 areas being discussed over 13,500 cases in total.

In addition to conducting analysis within the organisational data, I investigated Supported People data (service's outcomes) and reports on the client's primary need (SP return) for 2010-11. These reports summarise the data collected for Supporting People services via the St. Andrews University data collection service. The data was retrieved on 18/07/2011 and is for the 2010/2011 financial year. 278 short-term outcomes forms for Norcare clients had been submitted for this period (Figure 19). These forms are completed at the end of a period of support, so it is possible for clients who have been supported in multiple services to be counted more than once. The data shows the outcomes for clients where the outcome was an applicable support goal. The data includes five main segments:

- 1- Economic wellbeing,
- 2- Enjoyment and achievement,
- 3- Physical health,
- 4- Staying safe,
- 5- Positive contribution.

Each segment contains subdivisions in the format of questions. The questions for example are: has the client now maximised their income, including the receipt of the correct benefits? Has the client reduced their overall debt? Or did the client have more choice and/or involvement and/or control? Most of the data from the SP report are hard outcomes and it shows the same pattern of occurrence in the Outcomes Star tool. This result is also supported by the client's primary needs that are reflected in client promises/activities. The elements of those outcomes are highlighted in Figure 19.

Supporting People Services - Outcomes Summary	
Economic Wellbeing	Has the client now maximised their income, including the receipt of the correct benefits?
	Has the client reduced their overall debt?
	Is the client now in paid work?
	Has the client participated in paid work whilst in receipt of the service?
Enjoy and Achieve	Has the client participated in their desired training/education?
	If qualification(s) applicable, has the client achieved this?
	Has the client participated in their chosen activities?
	Has the client participated in their chosen work-like activities?
	Has the client established contact with external services/groups?
	Has the client established contact with friends/family?
Physical Health	Is the client managing their physical health better?
	Is the client managing their mental health better?
	Is the client managing their substance misuse issues better?
	Is the client now able to manage independent living better as a result of the assistive technology/aids and adaptations?
Stay Safe	Has the client maintained their accommodation?
	Has the client secured/obtained settled accommodation?
	Has the client complied with their statutory orders/related processes?
	Has the client avoided self harm?
	Has the client avoided harm to others?
	Is the client minimising the harm/risk of harm from others?
Positive Contribution	did the client have more choice and/or involvement and/or control?

report updated 19/07/2011

Figure 19- Supporting People Services – Outcomes summary (source Norcare 2010-11)

Figure 19 summarises the data collected from Short-Term Outcomes forms for Norcare clients from Supporting People Services for the period of 2010-11.

In order to investigate the data, ten categories of primary needs were identified in the SP report (Figure 20) that are described in the same pattern as the Outcomes Star tool, which again reflects the main primary needs that contained 25% of the whole client recorded as offenders or at risk of offending. Accordingly, the next category was people at risk of domestic violence with 21% of clients. The next two most common categories were alcohol problems (21%) and drug problem (12%). Finally, 7% were single homeless with support needs; followed by mental health problems with 6% (Figure 20).

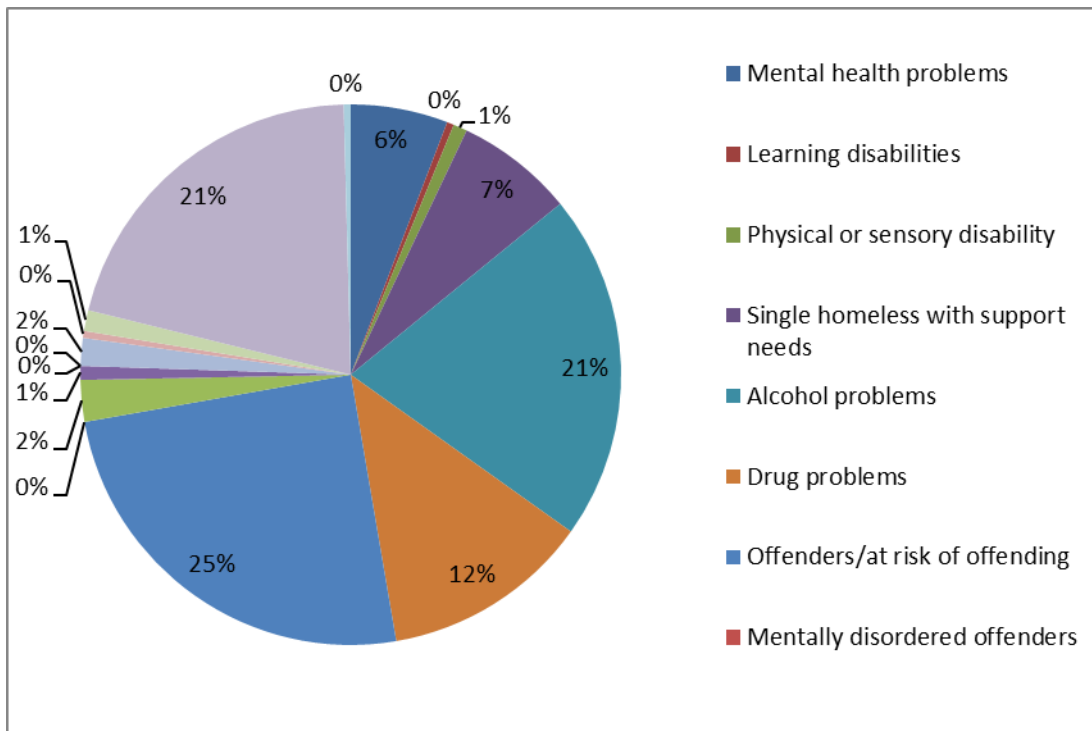


Figure 20- Main client primary needs record data in Supported People report (April 2010- March 2011) (source Norcare)

Supported People stated the data regarding the client's primary needs during the period of April 2010 to March 2011 within 8 areas of support from 241 clients.

The analysis resulted in identifying the stakeholders (specific client groups) on which to focus actions. According to the available data and the result of analysis, “homeless with offending and at risk of offending issues” were identified as the main client group of service users.

Outcome mapping (review/revise): identifying Indicators, Output and Outcomes:

The Ministry of Justice (2010) stresses the role of the third sector in the resettlement of offenders; offering services such as employment, housing, and drug and alcohol treatment. The north east regional resettlement strategy (Home Office, 2004), supported by the Homelessness Act 2002, specifically defines as a priority people returning from custody that are vulnerable due to their institutional experience. Those leaving prison as vulnerable people that have housing needs were also considered by Supporting People to be the highest priority. Hence, the government established the strategic pathways that include seven “pathways” (Home Office, 2004) as: accommodation and support, employment, enterprise and learning and skills, drugs and alcohol, family and social support, life skills and offending behaviour, health and finally financial management. Likewise, research (Gojkovic et al., 2011a; 2011b) investigated the landscape and the extent of the third sector involvement in the resettlement of offenders with a specific focus on the seven pathways and the offender’s engagement and awareness of the system. This research highlighted that nearly 20,000 third sector organisations in England and Wales were providing services to offenders in some form. However, not all of them are applying seven pathways.

For third sector organisations like Norcare, outcomes based funding has implications for further funding. This emphasises the need for consistent and sustainable funding to enable organisations to keep meeting the desired impact of the commissioners. The seven pathways provide a way of summarising Norcare’s activities through providing a structure for the evidence of their achievements and for all clients. The pathways enable Norcare to benchmark their performance on outcomes with other providers of similar support. Norcare could address re-offending issues by settling the client into stable accommodation and empowering them to tackle the issues in their life by providing a high standard of service. These aims can be achieved by improving the quality of life of Norcare’s clients by addressing other factors that drive crime such as substance misuse,

mental health issues, poor accommodation, family issues and poverty and help to prevent re-offending. The pathway also is aligned with both Outcomes Star and Supporting People reporting.

Meanwhile, the provision of reporting through Outcomes Star and SP is mandatory for the majority of Norcare contracts which influenced the progress of the outcomes measurement framework. The outcome mapping needed to be streamlined with government and local authority requirements. Furthermore, collecting the necessary data for external reporting and internal requirements in line with other stakeholders was necessary. Thus, the next stage of my research focussed on the offending and resettlement issues of offenders and government policy within the northeast region.

I presented my findings to the Outcomes Steering Group and after discussion within the group the team agreed to adjust the outcome mapping to include the 'seven pathways' (Figure 21). The group agreed to use the new format for the next outcomes report to the Board in November 2011. Therefore, the reporting changed to include the seven pathways and was called 'Norcare Magnificent seven' by the Director of Corporate Service. Seven quantitative indicators were selected based on the seven pathway outcomes and were to be supported by case studies of client's achievements in recognition of the explicit accountability to commissioners through the client group:

- 1) Living and Accommodation,
- 2) Learning and work,
- 3) Health,
- 4) Substance Misuse (Alcohol and Drug),
- 5) Managing Money,
- 6) Relationships and Community,
- 7) Attitudes, Behaviours and Empowerment.

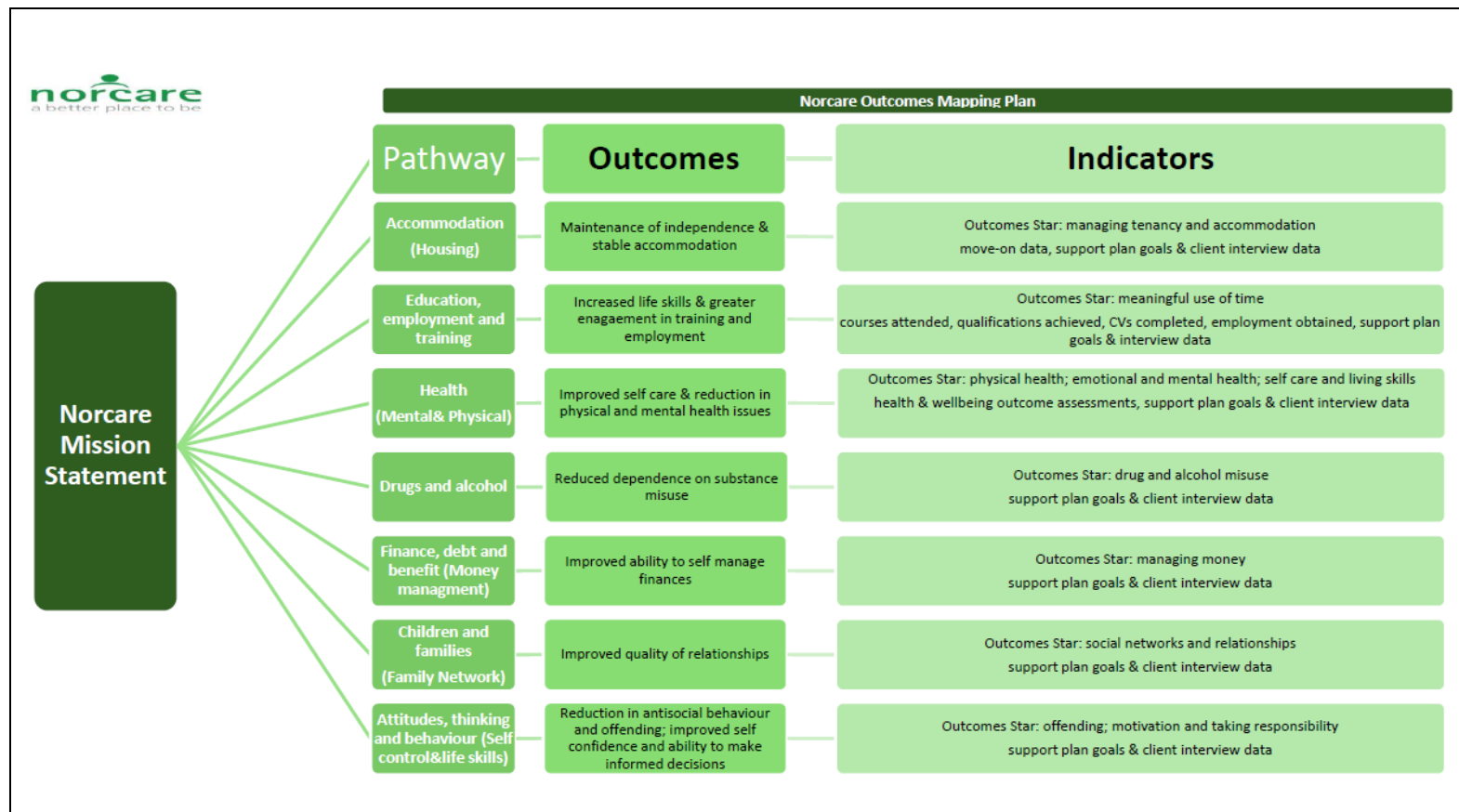


Figure 21- Norcare outcomes map (Seven Pathway/ Magnificent seven)

Norcare outcomes mapping plan emphasised the revised outcome mapping in cycle one with the influence of client's data analysis (2007-11) and the seven pathways from government strategy since 2004.

As a result of the implementation of the ‘Magnificent Seven’, there was a need for new paperwork and In-Form recording systems training was changed to fit with the outcomes map and the organisation’s new objectives shaped on seven pathways (magnificent seven) as follows:

1. To enable clients to live in stable accommodation. (Living and Accommodation)
2. To increase the employability and productivity of the client. (Learning and Work)
3. To increase the health and well-being of clients. (Health)
4. To reduce client’s substance misuse. (Substance Misuse; Alcohol and Drug)
5. To enable clients to manage their finances. (Managing Money)
6. To strengthen clients’ social networks and community integration. (Relationships and Community)
7. To develop positive attitudes and behaviour with clients. (Attitudes, Behaviour and Empowerment)

Client questionnaire (Find resources to carry out the questionnaires):

In regards to the ‘client exit questionnaire’ it was decided to use the questionnaire as the mandatory form to collect the necessary data for the purpose of the Outcomes Star tool. The ‘client questionnaire’, for those that have been in service for six weeks that acted as a ‘Satisfaction feedback’ form and became part of the Information Officer’s duties.

Although the information from the ‘client post service questionnaire’ was crucial to impact measurement, due to the limitations of losing contact with clients over time this was not always possible. As Lampkin and Hatry (2009) claim the knowledge does not necessarily change the behaviour and many organisations including Norcare do not have the capacity to follow up with clients to find out whether the services affected behaviours of the client over the long term.

The long term impact versus short term measurable outcomes is part of a wider objective of evaluation in social impact measurement by the organisation against its resources. During the period of cycle two it was identified that there were challenges in evidencing what had been achieved through the work done at Norcare. The challenging

issues from cycle one were still unresolved e.g., the ‘client post service questionnaire’. It was an on-going task for the team to overcome the limitations of access to past clients as a result of a lack of sufficient resources.

5.3.1.2 Objective two: Effective management information system

Although there is a significant improvement within the management information there was still an opportunity for the organisation to focus on staff buy-in and an extended programme of training. In addition, close monitoring and management of the new processes was needed. Hence, the following actions took place within cycle two to improve the way of managing information within the organisation.

Action one: In-Form system:

The primary objective of adopting In-Form was to improve the process of data collection and provide a more accurate information system. In order that this was achieved close monitoring was required by the Information Officer. This enabled the Information Officer to make sure that all data needed was collected, and solutions to problems, highlighted in cycle one by staff, were found. The revised plan involved a strategy to adopt In-Form into the organisation's workplace and make cultural changes towards data collection.

In addition, to formal training for staff further support and guidance was provided as and when required. In response to staff feedback; In-Form champions (members of staff who have more experience in working with computer and online software) were introduced to act as peer support, share learning and act as mentors. These measures were put in place to address issues with staff attitude and resistance to the implementation of the system. Likewise the Information Officer undertook training from ‘Sales-force (Enterprise Software Company)’ that developed In-Form for Homeless Link to bring the administration into Norcare, thus making the system more flexible and adaptable. The other action towards increasing capacity of the data collection by In-Form was created using ‘Real Time DashBoards’ as a way of monitoring the quality and quantity of service information, thus enabling improvements to the delivery of a service to clients. The DashBoards include: ‘Quality DashBoard’, which measures, risks assessments, Support Plans and Outcomes Star completion; safeguarding DashBoard, to facilitate the safeguarding process, provide transparency and help with review; client DashBoard, to provide information on essential service

statistics such as the number of clients in support at any one time, and; service and Performance Manager DashBoard, which provides tools for managers to better manage their projects such as referral numbers. Also, there was the creation of an on-line system for client case-studies which ensures there is a balance on the system between qualitative data and quantitative outcomes data.

Alongside all these actions, there was an on-going upgrade in the system in conjunction with any amendments that were needed after reviewing each phase of the paperwork. The feedback was received through staff input after training sessions; specific development of a more flexible approach to Support Plans and a clear support pathway for clients. The reviews led to a new support planning system to In-Form, saving staff time on paperwork whilst leading to better quality data. Based on Norcare's new system of outcomes data collection using In-Form, Homeless Link requested that the system be developed and implemented with other providers in the sector using In-Form as best practice.

Recording system (client paperwork): Adequate training, including Awareness and understanding

The client paperwork once reviewed and embedded in the In-Form system had the effect of reducing the amount of paperwork to be done. This reduced the time spent on multiple, overlapping paperwork using the same information and assisted with developing internal and external reports for funding bodies. Another benefit was the standardised reporting ability to include both qualitative and quantitative information.

From the start of the review of paperwork one of the Housing Support Officers was helping with the progress. She helped trial the new paperwork along with other staff that volunteered to do the exercise. Their feedback was included in the review on a continuous basis. There had been some changes made to the Support Plan Goal objectives. These changes have been made due to feedback from staff after the October training about how Norcare can best recognise achievements made by clients and record those achievements in a sensible way. It has been fed back that clients often do not fully achieve the goals set for them, but do make significant progress towards it. It has been highlighted that this progress can be recognised in Support Plans and goals "achieved" even if it is not exactly what was set out in the aims. Thus, within the new Support Plan

there was a new stage to choose for client's achievement, i.e. "Fully Achieved" and "Significant Progress" and there should be a written statement (one or two lines) explaining the actual outcome. For example, a client may set a goal to stop drinking. This may not be achieved, but perhaps the client has reduced their intake considerably. With the new form design, the Housing Support Officer can set the status of the goal to "Achieved" and the achievement type to "Significant Progress" and then write a short description of the outcome, e.g., "Reduced alcohol intake by half and is managing life better" and if it is appropriate they could then set another goal for the client to stop drinking completely during their next Support Plan.

By introducing and recording the achievement of an intermediate outcome, the Housing Support Officers were able to better understand the influential working they do, as well as assess the level of change that can realistically be expected for a client to achieve within the time scale and resources available to them. Then again, the system helps clients to have a better understanding of their own situation, become more aware of the service they have received and become more confident in their life based on their achievements. The system also avoids the gap between the levels of achievement on a short-term basis of working with a client and their longer term aims. The other benefit of this system was that by looking at all the goal, there is a record of the "milestones" where the client has made progress. The system by capturing the intermediate outcomes shows the whole journey of the client within the service.

Data collection, monitoring

From the observation in cycle one; the next plan was to organise a time scale for the first set of data that could be used in reporting, monitoring the practice of the new system as well as data collection. In addition, there was recognition of extra training for staff to embed the new paperwork into the system. Subsequently, to ensure continued quality and consistency of data gathering across the organisation, there was the effective SMART (Specific, Measurable, Achievable, Realistic and Timed) goal setting training called 'Support Plan goal setting'. The training was set up for all levels of staff including the Service Performance Manager, Senior Support Officers and Housing Support Officers. The aim of the training was to complete the client 'Support Plan' paperwork, and include the different steps along the client's journey towards realistic aims. Setting objectives by defining, identifying, and setting SMART goals was a core

objective. In this context, SMART objective means that before setting any goal for a client, the Housing Support Officer considered a client's capabilities and the availability of resources to enable that goal to be achieved. Also, there should be consideration about a realistic time frame, in which those goals need to be achieved. The August 2011 training was followed by a second and third set of training in October and November 2011. These training sessions were delivered by the Head of Quality Assurance, the Information Officer and I.

From my journal (August, 2011):

"The group conclusion after three days of paperwork training was that the future outcomes reporting will benefit greatly from outcomes of data taken from new paperwork and questionnaires which are being launched by end July 2011."

Monitoring Outcomes Star tool:

During the first evaluation of the Outcomes Star tool after re-launching in July 2011 there was evidence that the desired level of usage had not been reached as not all staff employed the tool and if they did it was not necessarily the computerised format. Thus the team started to monitor the usage among staff through their line manager using In-Form. There was also monitoring by the Information Officer on the Outcomes Star rating for clients as a whole. Whilst there was the introduction of the formal form of control element by Head of Quality Assurance through the Norcare internal review process that assesses individual staff and the project as a whole in terms of utilisation of the tool by staff.

The Information Officer, found there was a limitation regarding the validity of the scoring by the client at the beginning of services when they investigated the Outcomes Star data. For instance, the Outcomes Star can be problematic when measuring internal states i.e. due to the client's own insight and preparedness to face their problems. This ends up with a "score 10 for every element" within the tool that can be seen sometimes at the start of the support. However, the Information Officer came up with the solution that not only is there a possibility for real time reporting for Outcomes Star but there is also a possibility to collect the "reflective outcome star" by applying the same form of scoring from the start of support as the one at the end. Thus, at the end of support, each

Housing Support Officer ensures a mandatory 'client exit questionnaire' is done, and the Outcomes Star is completed where the client rates "*how they feel they were when they came in to support and how they feel now*" for each of the ten elements of the tool. In particular, an analysis of the existing Outcomes Star data by the Information Officer and a discussion of the new system employed opened up the opportunity to adjust the collection system of the data in order to collect more accurate data. However, there was tension between staff and management, as some staff considered it to be yet 'another change and additional work'.

In the report (Figure 22) from the Information Officer in February 2012, there is a clear improvement of usage of the tool that shows the outcomes recording has been influenced by both the client paperwork training and the introduction of the 'DashBoard' as a control to the In-Form system. At the beginning there were a significant number of stars input into the system, this highlighted that staff engagement with the use of the computer system was increasing. For example, the percentage of clients who should have at least one Star per month was 25% during the reporting period, during February 2012, 69 Outcomes Star were recorded showing 28% of clients compared to August 2011 when there were only 10%. The report indicated that the Outcomes Star creation had improved in usage and become better managed (Figure 22).

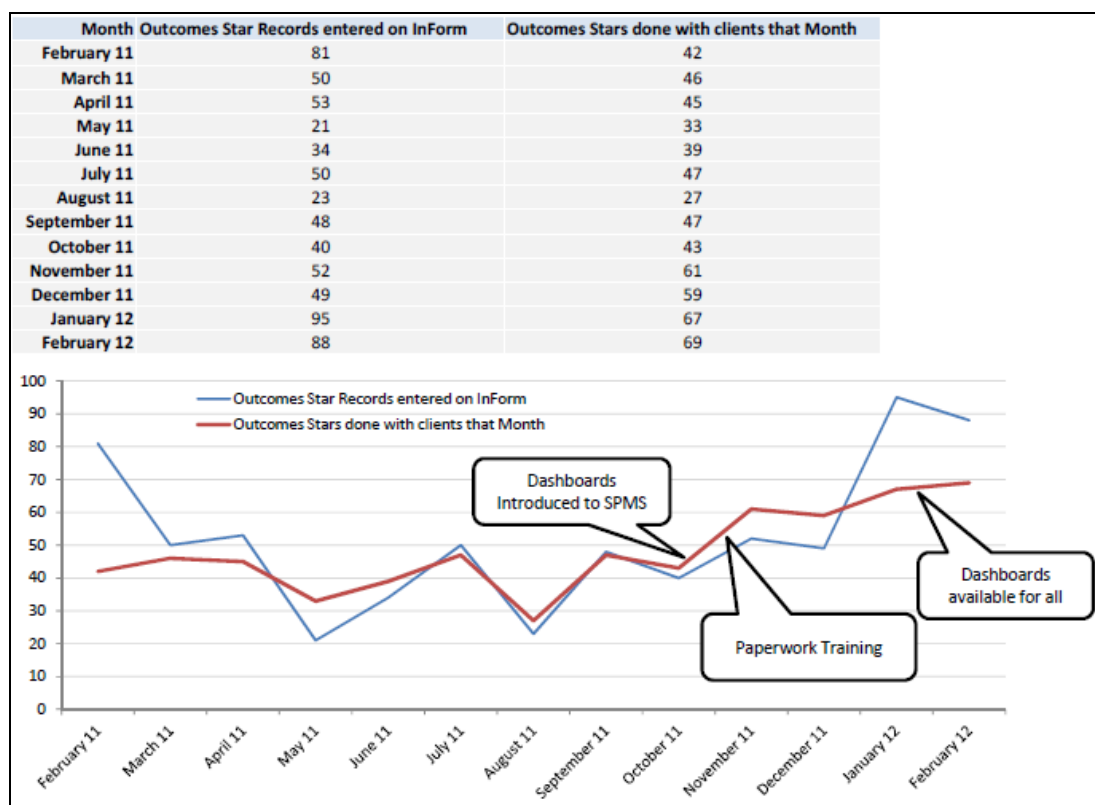


Figure 22- Outcomes Star usage (Feb 2011-Feb 2012)

The chart represents the data collection movement of the Outcomes Star tool for February 2011 to February 2012.

5.4 Stage three: Observe (overall observation-cycle two)

Observation provided an opportunity for me as a researcher to collect data in order to relate the fact, actions and the result of events, which enabled investigation into the factors affecting social impact measurement at Norcare.

Cycle two ended in December 2011, as a result of the agreement by the Board and senior management to publishing an outcomes report in a social accounting format for external stakeholders during 2012.

5.4.1 Evaluation (cycle two)

The essential part of building the foundations of Norcare's reporting was the research and establishment of the key outcome areas. The research was undertaken to establish the scope and identify the key stakeholders, both internally via reviewed client data and discussions with both service delivery and service development to establish their key outcome priority areas, as well as externally. During the period of the study, all Norcare's commissioners required at least one model of outcome based reporting using different methods in accordance with the contract i.e., Move-on, Outcomes Star tool, and SP Return form. Hence, the research conducted by myself ensured that the outcomes were in line with the requirements of government, local authority, clients, local communities and other organisations. The outcomes map was established based on the seven different pathways, with the reference to the seven resettlement pathways for offenders by the government. Outcomes reporting was modelled on these seven agreed pathways and published as Norcare's 'Magnificent seven'.

The foundations for outcomes data recording and reporting had been developed by the end of cycle two. The next step for the organisation was to embed them within their service delivery, whilst a more strategic approach would be further developed by the outcomes team in corporate services in partnership with service development to ensure the results are utilised for both internal and external consumption. Future outcomes reporting areas and methods will also be developed to run alongside those already established; in particular in the area of social audit and accounting.

The second outcomes report (November 2011):

As a result of the new outcomes map, the outcomes report to the Board in November 2011 reflected the seven pathways (Magnificent Seven). The report contained an overview of some of the changes, benefits, learning and other effects that have come about due to Norcare's social impact measurement exercise. The report focussed on the information gathered from 1st April to 24th October 2011 and related to service outcomes and changes clients were making in their lives. The data included information from the Outcomes Star, Support Plans and Key work paperwork gathered by staff in In-Form. Also, by incorporating contextual data from interviews through client case studies, the report provided a more complete view of the journey that individual clients take when undertaking a package of support with Norcare.

There was positive feedback from the Board in regards to the second outcomes report during November 2011. The Board agreed with pursuing seven pathways (Magnificent Seven) throughout the organisation and planning the action for publication of the first outcomes report for external stakeholders. Nevertheless, observations showed Norcare was still in the process of settling outcomes and outcome data collection in the culture of the organisation. Massive changes had occurred in the last 12 months, primarily the roll out of an advanced client management system, In-Form, which was still being tailored to capture the important aspects of Norcare clients' journeys. While, Norcare moved towards a broader range of data collection methods, and a more complete set of data, the Board outcomes report had been constructed with a limited sample of data.

The feedback from the leadership performance meeting on outcomes reporting in November 2011 mirrored the Board feedback; where they confirmed positive support for pursuing the primary goals of the project and to publish an outcomes report using a social accounting format for external stakeholders for the end of the 2011-12 fiscal year. The leadership team were also reviewing the internal review system to improve standards and share best practice internally. The focus of the internal review system in terms of social impact measurement was on monitoring a positive Move-on, reflecting on client needs, and utilisation of the Outcomes Star tool by staff and links these to the performance reporting criteria. There was more effective working with the Board through working groups (impact committee) on developing governance, and agreement on a new vision and mission statement as well as a comprehensive reporting system.

New paperwork and In-Form recording systems:

In this cycle, the organisation consulted, developed and provided training to staff in new paperwork and the In-Form recording systems. As a result formal paperwork training was set for August 2011; Support Plan SMART goals setting in August 2011 followed by training about inputting data to the In-Form in November 2011. However, the data monitoring had highlighted the gaps in reporting still outstanding, one of these being the 'post exit questionnaires' which were a critical element to the process. During cycle two, there were several conversations about the logistics of the completion of these questionnaires; however, the process had not started yet, despite the organisation viewing this as a point of urgency due to the resources and access limitations. Some of the capacity issues identified in completing the questionnaire were a limitation especially for face to face interview where there was a lack of resources, and low or no response from clients with phone and postal questionnaires. Also risk assessment and management was a concern especially when interviewing and visiting ex-clients whose current risk level was unknown for Norcare. As a result, the organisation decided to postpone the process until a more effective and efficient way of carrying out the questionnaire was identified.

Apple Tree project performance report (Internal report):

Outcome reporting is a tool for learning (Ebrahim, 2003a) that impacts the quality of services. Reviewing the cost-benefit of services for Norcare started with the Apple Tree project. The senior management team believed that the services in the Apple Tree project were not focussing on the issues or the best way of dealing with clients but on funding the project, regardless of purpose and needs. So by looking at outcomes and cost-benefit analysis decisions can be made about how to deliver services in a more effective and efficient way and avoid wasting a resource. At that time, it seemed that Apple Tree became too costly for Norcare and it appeared that in most cases instead of providing an actual service that improved a client's life there was just referral and awareness raising for the client.

During summer 2011 the Director of Corporate Service requested that I produce a report on the Apple Tree project, which involved the background via NRF, outputs, outcomes and their impact since 2008. The review was shaped with the aim of evaluating the project in terms of costs and benefits, in order to reach a decision on continuation. The

report was presented at the Leadership performance meeting in August 2011 and was included in the Board report in September 2011.

The Apple Tree project was developed in 2008 based on three value added services including health and wellbeing support (2008-11) and volunteer service (2005-08) that were granted by NRF and employability and learning services that were funded by the Newcastle Learning Development Council (NLDC) in 2008. After the end of funding of each project Norcare funded them internally from its central cost. Thus, one of the reasons for this report was to examine the cost effectiveness of the project in relation to the overall outcomes of the organisation.

I applied the public value framework for accountability and performance management (Spano 2009; Moore 2003) for the following reasons: because the outcomes map and reporting was still in an early stage of development in this report, I needed to find another way to report. Also, as the majority of project data was from 2005, there was no way of improving the data collection for outcomes reporting purposes. The other reason was Norcare was looking for the cost-benefit of the project. So I needed a framework that enabled me to conclude all available data within one model in terms of input, output, outcome and possible impact. The chosen framework allowed me not only to summarise the available data, but present the data in a strategic framework that presented the project's journey as a value chain.

Public value framework for accountability and performance management is the tool that was influenced by Moore's (2003) "strategic triangle". The tool presents a link between goals, activities, outputs, and outcomes of the project in terms of support that the organisation received. The tool measured the operational capacity of the organisation's activities that is offered to clients and measures their desired outcomes in relation to the mission of the organisation. In addition, the 'Production Processes and value chain' model by Moore (2003) was employed in analysing the project. This tool provides more detail for managerial action and performance measurement than the strategic triangle itself (Weinberg and Lewis, 2009).

The report was conducted based on each individual service performed and the project as a whole. The report dataset was collected from the client database (MIS and In-Form), a volunteer service dataset, reports to project funders (i.e. NRF), and the Supporting

People dataset over the period of 2005-2011. The report identified that the aims of the project were:

“To empower service users to feel worthwhile again by offering them a range of varied support programmes that will enable them to address both their emotional and physical well-being, along with practical issues such as training and employability” (Norcare document, 2008).

With an overall desired outcome of “improve the percentage of successful service user departures from Norcare’s services each year” (Norcare document, 2008). The main objective of the project was to provide counselling and an advisory service in three categories; well-being advisors, volunteering, and employability. The major cost of the project was the salary for the four full-time and one part-time employee. At the time of the report, there were two full time wellbeing advisors, one full time volunteer co-ordinator, one full time employability officer and one part time client learning officer.

The Apple Tree project performance reports identified that the majority of the project activities are referral of clients to different services provided by partner and co-producers of required services. However, it shows positive outcomes within client progress, such as improving and managing physical and mental health; degrees of substance misuse by clients according to SP return report. Within the volunteer mentoring service the results demonstrated empowering clients through engagement in different activities as well as including ex-clients to mentor new clients in the service. Finally, the employability and training service targets were aims for clients to improve their learning and training and be able to participate in desired training, education, and paid work after leaving the services. As a conclusion, based on the SP data, the project supported clients in developing their confidence and to have greater choice, control, and involvement in their life. The report indicates that from 68% of clients that used the project, 81% met their needs over the last four years.

Although the Apple Tree project continually has a positive impact on client’s lives, Norcare needs to find a way of providing these services in the most cost effective way. The decision was taken to integrate those services into the rest of services delivered by the Supported Housing Officers and employ a collaborative approach to their partners whilst deliver the services instead of having a separate department with five staff. As a

result of the report and cost analysis by the finance office, it was decided to reform the project under one staff member the “Employability and Wellbeing Coordinator” who would be responsible for providing a network of partners and organisation’s for counselling services in conjunction with Norcare’s promises/activities. So instead of providing some of the service within Norcare based on client needs, they were referred to services provided by another organisation in the area.

The rationale behind the change, in relation to the working practices of the Apple Tree project was due to the Veterans Centre practice experiences during the year 2010-11. Norcare began to recognise the value of having external partners helping in the delivery of some of their added value services which have been traditionally funded via the organisation reserves. Using the experience of the Veterans Centre, the organisation decided to move to a model whereby partners provide a range of additional services to support clients and as these services are free at the point of delivery it makes Norcare more cost effective. Hence, instead of the Apple Tree project (four full-time and one part-time worker); a new structure reduced this to a one full time post (Employability and Wellbeing Co-ordinator) that has the responsibility to find the right partner for the needs of the clients.

Influences of the other events in the process of social impact measurement and verse versa:

This study was based on the assumption that social impact measurement implementation may incur changes in an organisation. During the period of cycle one and cycle two the whole organisational culture changed directly or indirectly towards the social impact measurement exercise, where consequently, more informed organisational decisions were then made. Adopting social impact measurement also resulted in the need for the implementation of operational changes, including financial improved financial management, the Norcare ‘Environmental policy’, and a new system of ‘People’s policies’. These changes in practice and strategy were also partly in response to changes in reporting for contracts (Supporting People) and the pressure on funding and budgets. In the strategic plan for 2010-13, Norcare predicted that:

“The next few years will challenge us all in the third sector and the opportunity for growth is limited. However, the opportunity to change the way we deliver

and fund services is greater than ever and this will be the challenge ahead of us (Norcare strategy, 2010). ”

Due to the willingness to change and as a result of social impact measurement, the organisation went through a review of costs in December 2011. This was followed by the decision to join a legal partnership with Fabrick Housing Group which influenced both the strategy and operations of Norcare. The organisation also decided to investigate the transformational change needed in operations to deliver a service model based on ‘Case weighting’ due to new government funding arrangements.

Re-structure review:

A review of the structure was forced by local authority cuts in some of Norcare’s projects and based on the financial budgets for 2012-13. A restructuring took place between December 2011 to late March 2012 which rapidly changed the organisational shape and size. Norcare faced a significant reduction in Supporting People funding in 2011-2012 and continued to see some of its contracts not being extended rather than being put out to tender, with reduced associated funding. For Norcare there was pressure to find new cost effective ways of delivering their services due to the external funding climate. This resulted in Norcare restructuring. Once the revised structure was implemented the aim was to return to a balanced budget position whilst retaining an emphasis on improving the quality of services and develop new services.

Remodelling service delivery:

As a result of external demands, the organisation had commenced a programme of transforming the delivery of their services to include the introduction of a new ‘case weighting’ system, the pilot programme was designed to meet commissioner reporting requirements and included the new structure. The delivery of services in Norcare’s schemes was remodelled to ensure value for money. Transformational changes in the service delivery include ‘case weighting²⁹’ and ‘personalisation plans’. It was also suggested that ‘zero based’ contracts be offered with the intention of having a more flexible workforce.

Accordingly, social impact measurement resulted in changes to the operational system. The first stage was to review all activities that would achieve the desired impact and the second stage was to remodel the service delivery. The awareness of social impact across

²⁹ Norcare had given “Support Intensity Model (SIM)” name to their case weighting system.

services, helped identify what is or is not working for individual clients reflecting for the organisational policy. In particular, Norcare developed its own case weighting system based on their outcomes measurement framework. Norcare claimed their system was different from a Social Services case weighting system and allowed the organisation to be more flexible and efficient and thus responsive to client needs whilst effectively utilising commissioner's money. The system by generating risk scoring for a client indicates how much time a client is likely to need. It will maximise schemes and support staff capacity and enable the organisation to allocate more support in the area that is most needed by clients. Also Housing Support Officers are able to allocate more time to the clients that need it and less time with clients who have made progress and have become more independent. The new system case based was integrated into the Norcare's paperwork and computerised system (In-Form).

The new service delivery model generated a predicted time required by the client and the data incorporated into the outcome measurement system. This incorporates: 'risk, distance, and coordination with other agencies'. The "risk" element of this has been quantified in relation to the type of support the organisation provides with a high risk scoring more points. As a result, risk can be used as a measure of change and is assessed by the support worker and therefore different in nature to the client led Outcomes Star. The system is not primarily designed to measure outcomes, but Norcare decided to add it to their library.

Legal partnership:

The government cuts of 12% to Supporting People funding in the 2010 spending review amounted to £6.5 billion over four years. Councils have imposed deeper reductions as they struggle to fill gaps left by sharper cuts across other services (Couvee, 2012). In response to these pressures, Norcare believed that becoming part of bigger group companies could lead economies of scale. By sharing resources and ensuring that they get value for money, would enable Norcare to invest in quality and improvements along with the development of new services. The partnership could also provide long term financial sustainability and open up new opportunities which would allow Norcare to grow their services and continue to help vulnerable people across an even wider geographical area. The benefits for the partner organisation are to develop and improve their services and to extend their services across the region.

The Board made a final decision to join the Fabrick Housing Group and the proposal was agreed as from 1st July 2012. As a result of the partnership human resources and finance responsibilities were transferred to the Fabrick Housing Group and helped Norcare to reduce their central costs. Also Norcare's Chief Executive would take a strategic lead on all housing support issues within the Fabrick Housing Group and her salary was shared between the groups.

Because of the opportunity to work collaboratively through the legal partnership, the outcomes based model had to be transferred into other parts of the partner organisations which influenced their practice. The Norcare social impact measurement system alongside with the upgraded In-Form system was embedded in Tees Valley Housing as one of the partners.

5.5 Stage four: Reflect (overall reflection -cycle two)

From the second cycle onwards a change of emphasis on the social impact measurement was noticeable and influenced the Norcare practice of capturing and measuring social value. There was clear support from the Board and senior management demonstrating to staff the direction and form they wanted social impact measurement to take.

Norcare was able to learn more about itself, its service users (clients) and improve their data collection methods through the social impact measurement exercise. Also, the organisation was able to improve communication with clients through the 'Client Involvement Forum' and the quarterly 'Client Newsletter'.

Social impact measurement helped Norcare to explore the different ways in which clients might change using the ten elements of the Outcomes Star; also behaviour changes were captured through case studies that helped improve the organisation's services (i.e. Service delivery and client promises). These changes enabled Norcare to identify what issues the client wanted to address and shape activities around them within the operation of the organisation. The development of social impact measurement had encouraged Norcare to remodel its service delivery. These changes allowed Norcare to incorporate a variety of approaches to services that were better matched to client needs.

The information on social impact within the organisation's management information system influenced the strategic and political agenda. The new system increased internal awareness and further developed the external credibility of the organisation's work. From my journal (September 2011):

“We are looking more professional and we are delivering a unique service to a client that is actually working, that can be proven through our management information system (Chief Executive of Norcare, Performance leadership meeting).”

The social impact measurement system allowed the organisation to be flexible and efficient in gathering qualitative and quantitative data. Norcare was able to be more effectively utilise commissioner funding by allocating more support where needed through a more flexible approach to client and community need. The remodelling service delivery to deliver improvements to clients and in resource use, demonstrate multiple accountability to commissioners and to clients.

Social impact has been a diverse and ongoing process for Norcare. One significant benefit was to better identify the shape and capacity of the organisation that led to changes within their operational system and join a legal partnership with a bigger organisation. The financial crisis that the organisation faced contributed to the decision to join the legal partnership. As running costs became a difficulty for Norcare, collaboration was expected to reduce running costs. Another was to have access to more and better secure accommodation for clients in order to concentrate on their supported needs.

From my journal (December 2011):

“At Norcare we all understand the importance of the vital work we do and this move secures the future of us continuing to provide support for vulnerable people. Becoming part of a group of companies will deliver real economies of scale, meaning we can share resources and ensure we get value for money,

which will allow us to invest in providing an even greater emphasis on quality and improvement, as well as developing new services. Given that our whole existence is about supporting vulnerable people, the more we can ensure that we support these clients, the better, and this move does just that. Financially, it ensures our longer term sustainability and by working with the group, it opens up new market opportunities which means we can grow the services and help more vulnerable people across an even wider area. It is about quality, financial sustainability and new market opportunities which will ensure we remain a key player in supporting housing in the region into the future (Chief Executive of Norcare, Leadership performance meeting, December, 2011)”.

The legal partnership ensured organisational stability and operational continuity, especially when combined with greater financial resources and accommodation. Through the partnership, Norcare were able to mobilise their professional and community knowledge in a cohesive partnership to maximise impact.

To successfully apply social impact measurement there needs to be commitment and accountability in all dimensions not just upward. Accordingly, the initial focus of the social impact measurement exercise was mainly legal accountability towards commissioners, in this cycle. The accountability relationship practice was moved to include ‘internal accountability’ expressed through the Norcare mission responsibility for giving an account (Ebrahim, 2003).

The long term plan to change Norcare to an outcome focussed organisation with an integrated approach to management information involved planning and change at a high level, beginning with bringing expertise into the organisational structure, which was reinforced by key staff members including the Chief Executive at the “Big Team Event”. This embedded the importance of the changes being instigated and how they impact on staff, clients and partners. The ‘Big Team Event’ conference was held on October 2011 and acted as the third formal awareness session, which brought the whole organisation together with the aim of identifying how Norcare could increase their long term viability. The conference provided the opportunity for the staff to express their concerns and share it within the organisation.

From my journal (October 2011):

“The front-line staff acknowledged in the conference that previously they can describe the differences they make to clients, but now they know, how can that be counted and how they can use their results to prove it” (comment on social impact measurement progress by staff in the ‘Big Team Event’ in October 2011).

5.5.1 Reflection/Reconnaissance

At the end of cycle two, the organisation was still entrenching outcomes data collection in the culture of the organisation. Massive changes had occurred in the last 12 months during the period of cycle one and two, primarily the roll out of an advanced client information management system, In-Form, which by the end of cycle two the system was still being tailored to capture the important aspects of the organisation's client's journey. During cycle two Norcare moved toward a more comprehensive range of data collection approaches and a more complete set of data. However, the outcomes report in November 2011 was constructed with a limited sample of data and continual management was needed to increase the data quality and collection throughout the year.

The practice of social impact measurement in the last 12 months enabled the organisation to be flexible in response to client needs. Social impact measurement influenced the inclusion of values in the organisation that underpinned the assistance given to clients in achieving the changes to their lives. During this cycle, the organisation focused on the development of a ‘Client Involvement Forum’ and a ‘Client Newsletter’. The Client Involvement Forum is the client strategy group with the aim of driving client influence across the organisation. The Forum is supported by the ‘Client Involvement Kit’, where Norcare's policies and procedure have been approved by clients and the ‘Audit Framework’ that is responsible for monitoring and evaluating client involvement and influence, led by the Client Empowerment Officer working with the QAF under the SMT managers. The organisation undertook a ‘Client Satisfaction Survey’ across the whole organisation.

The organisational culture changed during the social impact measurement exercise and consequently more information was available when decisions were made. Those decisions included: reviewing the structure of the organisation that took place in December 2011, the legal partnership with the Fabrick Housing Group, remodelling and implementation of the new service delivery model, and introducing a new set of activities (client promises) by reviewing the organisation's activities. Indeed, improving services were by far the most important benefit of social impact measurement by

Norcare. There were indications that the organisation also developed social impact measurement and evaluation as part of good organisational management, practice and governance (Ellis and Gregory, 2008). The social impact measurement was supported by the Board directors and the senior management (Chapman et al., 2012), and was perceived to lead to improved strategy and new business planning, as well as opportunities for partnership working (Lumley et al., 2011).

5.6 Summary of the chapter

Cycle two included all the events that happened during August 2011 to December 2011 in order to enable Norcare to pursue their social impact measurement exercise and publish the report for external stakeholders in July 2012.

This cycle highlighted some of the changes, benefits, learning and other factors that have come about due to the work Norcare did in their social impact measurement process. It also provided the information about the work done as part of the exercise to fulfil the organisation's mission.

The areas of change and improvement diagnosed in cycle two were identified as a result of the evaluation and reflection in cycle one. Hence, this cycle involved revised plans of events that started in cycle one and any necessary new plans that were identified as a result of cycle one's outcomes which helped to shape the outcomes measurement/report procedure of Norcare. Other events that occurred during cycle two and had an effect on the process and caused the organisational changes are studied in this cycle. These events may not be caused by the development of the outcomes measurement framework directly, but influenced the process of the development of the system and influenced the new shape and size of the organisation and accountability relationships by the end of cycle two.

This cycle represents action taken by continuing with the implementation of the system. The next cycle will focus on evaluation, where the action taken during the period of this cycle will be based on all the events that occurred in the initial stage and two previous cycles and will evaluate the entire project.

Chapter 6: Cycle three (the evaluation cycle)

6.1 Introduction

Cycle three was a six-month period from January to July 2012 as the evaluation and learning cycle of the results of the project overall. This is when the first outcomes report was published for external stakeholders. The end of cycle three also served as a time boundary for the research period.

This chapter details the progress made throughout January to July 2012, towards Norcare's goal of producing social accounts. This chapter also details the organisation's barriers/challenges to progress and a rough time-scale for the development of the social impact measurement.

6.1.1 Layout of the chapter

The data from this part of the study came from the two previous cycles where each addresses the practical part of the research question toward the development of the social impact measurement within Norcare. This cycle acts as the evaluation and learning cycle to develop the social impact measurement framework towards publishing the first outcomes report for external stakeholder by the organisation.

As the cycles progressed throughout the study, a greater understanding is developed through the continuous refining of methods, data, and interpretation (Dick, 2002). This cycle is a reflection of previous events occurred since October 2010, as the process of those events shaped the current cycle and reinforced the third cycle's main objective. The reflections of the two previous cycles inform the plan of the current cycle. The cyclical process alternates between action and critical reflection (Dick, 2002). Cycle three followed the core model of action research framework described in chapter three and the data has been collected from several sources within the organisation and externally.

6.2 Stage one: Revised/new plan

In the last two years Norcare has faced the challenge of a difficult economic climate with local authority budgets being restricted and ever-increasing competition for contracts (Table 6). Table 6 demonstrates that more than half of Norcare's turnover is dependent on the 'Supporting People' programme and in the last three years the workforce has decreased by more than 20%.

Year	Turnover (million)	Staff No.	Supporting people (%)
2012	2.8	65	58
2011	3.4	70	56
2010	3.2	73	67
2009	3.4	82	69

Table 6- Overview of Norcare's financial position

Norcare Financial interdependency to local authority budgets during 2009 to 2012.

On the other hand, external accountability to local authorities and other contractors (funders) has increased. In the contract framework, the increased demand for evidence of organisational performance and effectiveness is expected through formal impact measurement and reporting and in particular the use of the Outcomes Star tool.

Outcomes monitoring and reporting has been one of the principal areas of the organisational strategy over the last 12 months. The organisation acknowledged that showing the organisation's outcome and impact on the clients they support and the community at large is essential for maintaining and gaining funding. In the last 12 months, the organisation carried out comprehensive research, implemented improved recording processes and subsequent training and monitoring by the Outcome Steering Group and specifically the quality team within the corporate department. By the time of cycle three, Norcare had the processes to produce the information needed for robust outcomes reporting. The organisation was able to gather information, which measures the performance of different departments, i.e. information about the quality of support their clients were receiving, by implementing the system. Having invested in building a solid system of infrastructure to support social impact measurement, Norcare's priority was to produce their first outcome report for external stakeholders and develop social accounting and audit reports.

6.2.1 Diagnose the problem and/or to accept the need to change or improve:

Performance management and outcomes recording have become more embedded across the organisation. A contrast with the beginning of the study where the outcome measurement was more abstract and staff did not engage with it. There was a widely acknowledged acceptance of the system during cycle two, where the staff could describe the difference Norcare has made the client's life, the system enabled them to measure and report outcomes.

The development and improvement were slow and steady but provided the opportunity to target practical developments (e.g., the organisation's structural changes, new service delivery model, setting SMART goals for the client, and dealing more effectively and efficiently with the client's issues). By the end of cycle two, reports were starting to be produced by the In-Form system to measure performance and show impact. As a result, there was a cultural and behavioural shift within the organisation whereby

accountability for outcomes recording was high on the agenda. For both staff and teams the monitoring and review of outcomes was linked to staff performance and objective setting within appraisals, with support from the technical function of uniformity through quality dashboards monitoring data gathering. The various reports were generated to support QAF inspection and commissioner's report.

However, further actions were needed to assure social impact measurement would be an operational success. Norcare's objectives were listed as an action plan with the Outcome Steering Group reflecting on this at the end of cycle two. As a result the team agreed on the following actions: completely mapping the organisational aims, with a review by the senior manager, completion, and review of the mapping of client outcomes with further consultation with clients as a key stakeholder with more indicators and outcomes needed; as well as determining non-client (strategic or organisational) outcomes, the implementation of client questionnaires with SROI assessable data, also recording systems for monitoring need to be further embedded and training for data quality for front-line staff provided, with integration of CORE³⁰ and SP monitoring forms within the In-Form system and the provision of training.

6.2.2 Describe and explain the relevant facts of the situation (Reconnaissance) that needs change or to be improved upon:

The summary of progress during cycle one and two concluded: the organisation established the suitability of using the seven pathways as a framework for outcomes reporting; and adopted the model by setting up a system of measurable outcomes, indicators and data collection methods, reporting forms, and identifying beneficiaries during August to October 2011. They also, completed mapping of the stakeholders and developed questionnaires to collect additional data from current and ex-clients. The team created control methods to ensure the quality of data collection and support processes. The organisation also reviewed their governing document and agreed upon a united mission and vision statement.

Cycle three had the commitment of the whole organisation, from the Board, senior managers and staff to share a common vision throughout, there had been a shift in attitude where evidence had generated, that occurred by the end of cycle two. The benefit of recording started to become evident as the Development and Communication

³⁰ CORE: The COntinuous REcording of Lettings and Sales in Social Housing in England.

department was now able to provide relevant data to commissioners and start new tenders. Also, as monitoring was integral to the new service delivery model, KPI's were easily produced for the purpose of internal outcomes and performance monitoring reports. The progress was easier to recognise to both staff and client and increased the production of client based new paperwork.

In this cycle, the organisation rolled out and embedded the outcomes approach within the working culture at Norcare; moved forward with the In-Form web based client relationship and outcomes system; made progress on web-based support plan systems and paper equivalents in In-Form; continued to produce internal outcomes and performance monitoring reports; and introduced a new format for case studies. In two previous cycles, the team provided the essential training for all staff involved with collecting data through the new system. In this cycle the follow-up of SMART Goal setting as a support plan, and paperwork within In-Form training were conducted during January 2012.

6.2.3 Planning action

The major action plan identified for 'Norcare Outcome/Impact report' during 2011-12 was to fulfil step four and five of social accounting (Pearce and Kay, 2008): What is the difference we are making? (Analysis and Draft Accounts) and Can we prove that we made a difference? (Audit). The action plan in the current cycle included the 'Outcomes Report for Veterans Project' and the development of the 'Norcare Outcome/Impact report' for year 2011-12.

Social Accounting and Audit proposal/progress (Table 7) were produced by the Information Officer and me with the approval from the Head of Quality Assurance. The proposal of the social accounting process was broken down into several actions.

<i>Step four: What is the difference we are making? (Analysis and Draft Accounts):</i>		
ACTION	OBJECTIVE	TIMESCALE
<u>Action 1:</u> “Fill in” the missing pieces from cycle one and two (Step 1, 2, and 3 of SAA).	Publishing The Norcare outcomes report 2012	May 2012
<u>Action 2:</u> The Norcare Veterans’ Centre outcomes report 2011.		January 2012
<u>Action 3:</u> Norcare Outcome/ Impact reporting for the year 2011-12		July 2012

Table 7- List of agreed actions in the process for Norcare outcomes and impact report 2011-2012 (Social accounting model) in cycle three (Step four)

Cycle three action plan included the details of the actions toward production of social account for 2011-12 and a timeline of the actions.

6.3 Stage two: Act

As outlined in the previous chapters, this cycle followed the format that applied in cycle two of the action research model. However, each cycle had different weight and some actions were still unfinished by the end of the study. The main event has been described in terms of implementation and there will be a summary observation and reflection in regard to the entire cycle and overall research study.

6.3.1 Implement

The implementation of the event in this cycle followed the action delivery plan that was agreed at the meeting in January 2012 by the Outcome Steering Group and approved by the senior management team (SMT). The plan included actions that need to be completed by identifying resources. The plan also included the responsibility of the staff in the project, and completion date for each step of the plan.

Step 4: What is the difference we are making? (Analysis and Draft Accounts):

Data collection and on-going monitoring since starting the project, which provided measurable outcomes, encouraged the organisation's management to agree upon publishing the outcomes report for their external stakeholders. The report provides the evidence of success and failure of their practice that reflects on the impact on the client, communities, and society at large.

Social accounting in a broad sense includes accounting for Norcare's impact on a wide range of stakeholders, including: local authorities, communities and other organisations. However, as it was mentioned in cycle two, by considering a shortage of organisational resources at the time; the team agreed to only look at the client outcomes at this time and set up the proposal for other angles of Norcare outcomes that may happen in the future. Accordingly, with the focus on client group, the team decided for the first social account to keep it simple and limit the scope to clients as the key stakeholder. Norcare can maximise resources to focus on this the most important part of their by using a stakeholder segmented approach although the accounts are limited in scope.

Action one: “fill in” the missing pieces:

Step 1: Understanding process (Background study) and Step 2: What difference do we want to make? (Organisational Mission Clarity) in Cycle one:

This activity was completed as a decision regarding vision and mission and happened during cycle two in November 2011. The report of the proposed “Vision Triangle” was presented to the Board, which included Vision, Mission, Values, Objectives, and Activities. Further, embedding paperwork/outcomes recording was completed, followed by the completion of training at the end of November 2011 with a go-live date from the beginning of December 2011.

Step 3: How do we know we are making a difference? (Data Collection) in cycle two:

The framework for measuring the outcomes of Norcare’s work with clients and in partnership with other support organisations (their outputs) has been developed using the “magnificent seven” pathways. These pathways had been adopted by various third sector homeless organisations with some modifications, and are deemed to be applicable to the needs of a wider client group including the homeless and those at risk of losing their tenancy. Each of the pathways adopted fed into the organisation’s ‘Mission Statement’ which specifies their overall aim “Working together to empower people to live independently within their community”. After confirmation of the vision and mission statement by the Board in cycle two, the next steps in cycle three were to determine the organisation values as they underpin these higher goals. The finalised list of outcomes approval was made by the Board in December 2011 (Table 8). The proposed 12 outcomes sit within seven pathways structure and full details can be found in Appendix 6.

Pathway	Objective
Living and Accommodation	To enable clients to live in stable accommodation
Learning and Work	To increase the employability and productivity of clients
Health	To increase the health and well-being of clients: <i>This incorporates several aspects of health; mental health, physical health issues and also healthy lifestyle.</i>
Substance Misuse (Alcohol and Drug)	To reduce clients' substance misuse
Managing Money	To enable clients to manage their finances
Relationships and Community	To strengthen social networks and community integration
Attitudes, Behaviour and Empowerment	To develop positive attitudes and behaviour

Table 8- The proposed objectives within the setting of Seven Pathways outcomes

The seven pathways outcome objectives were approved by the Board in December 2011.

In all of the pathways (Table 8), further evidence was obtained in the form of case studies. Case studies are used to tie together all of the evidence to provide a comprehensive picture of a client's journey.

Action two: The Norcare Veterans' Centre outcomes report 2011

In March 2012, the organisation decided to develop an outcomes report for the Veterans project as a replica pilot scheme and to develop a new funding portfolio for the centre. The decision was based on demonstrating the organisational outcomes to the service commissioners and other valued partners, including the service users by taking advantage of the new systems and processes Norcare had in place.

It was decided to conduct the pilot project at the Veterans project because it was relatively new having started in November 2010), with fewer clients and all records had been kept using the new systems from the beginning of the project. The project was set up during the transformation of the organisation in regard to outcomes measurement. Hence, new data gathering was integrated into the project and front line staff and managers were taking responsibility for the information for their clients from the start of the centre. As a result, the staff response to the new approaches was positive and there was sufficient data available to produce a report.

The pilot report 'The Norcare Veterans' Centre outcomes report 2011'³¹ was published in January 2012. The report was successful in helping secure funding to open further centres across the North East, which resulted in raising the number of residential clients within the service and in support groups.

Action three: Norcare Outcome/Impact reporting for the year 2011-12

The primary source of data was the In-Form system. In-Form is both an operational system and a data collection system; this integrated approach has taken a sizeable time investment in 2011 during cycle one and two, with the aim of increased future operational efficiency. However, there were still the primary barriers to the success of data collection, such as computing skills amongst staff and attitudes towards data quality. It had been identified that the organisation could address the computing skills

³¹ The Norcare Veterans' Centre outcomes report 2011: Brims House is available in Appendix 7.

issues with training and the data quality issues with better control measures through an Information Officer, monitoring (SPMs to lead) and further training (Information Officer).

The narrower focus for reporting on stakeholders was approved by the Board and to only consider one outcome that of the client. The data sources identified for client outcomes included: Outcomes Star, Case Studies, Support Plans, Questionnaires, and Supporting People Outcomes Forms (Figure 23).

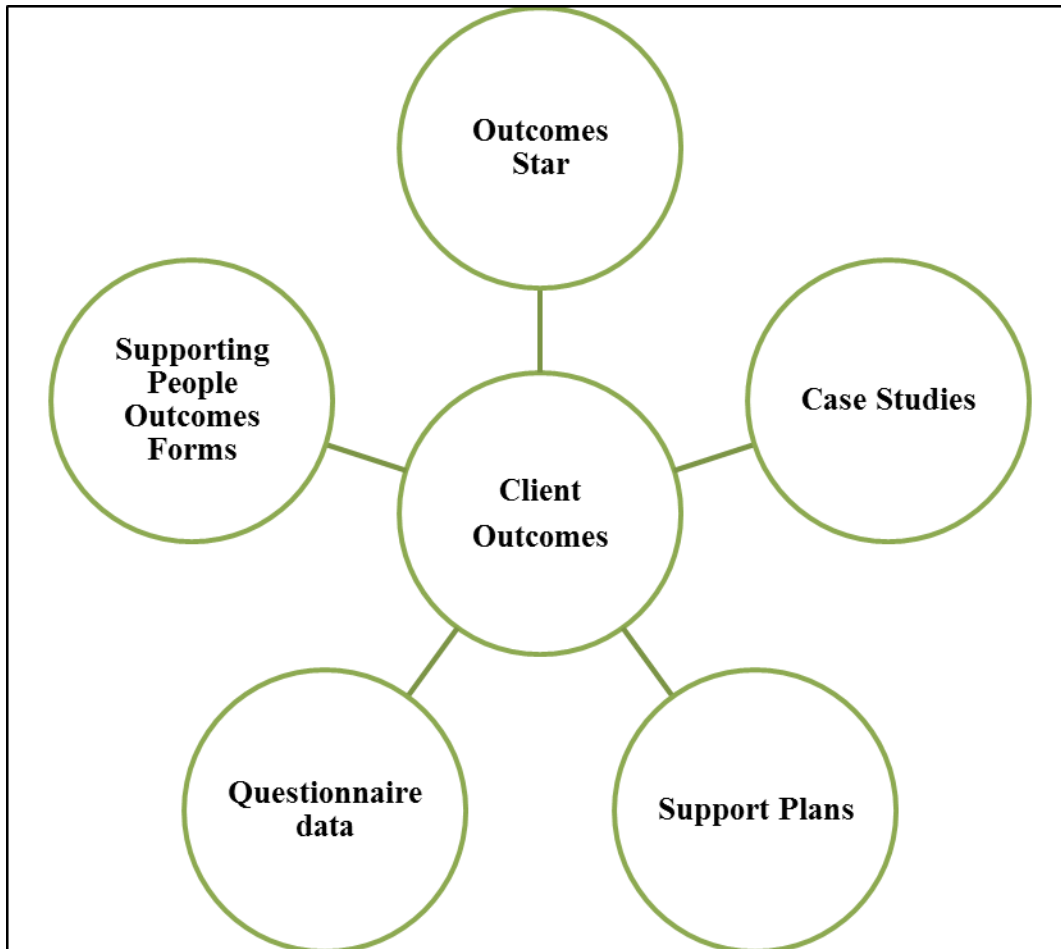


Figure 23- Client Outcomes: data sources

Data gathered for client outcomes reporting from various internal sources, i.e. case Studies and external sources i.e. Supporting People.

The steps below indicate where there were missing pieces of information that were needed to according to social accounting progress mapping by Pearce and Kay (2008) in relation to positive organisational change:

- Step 1: Understanding process (Background study) - Cycle one
- Step 2: What difference do we want to make? (Organisational Mission Clarity) - Cycle one
- Step 3: How do we know we are making a difference? (Data Collection) - Cycle two
- Step 4: What is the difference we are making? (Analysis and Draft Accounts) - Cycle three
- Step 5: Can we prove that we made a difference? (Audit) - Cycle three

The proposed plan (Table 9) also indicated the main responsibility was to carry the task in each identified action. The overall plan demonstrated in Table 9.

<i>Social accounting proposal plan:</i>		
Step	Action	Who?
Check	Check buy-in to proceed	
Step 1:	Background study	Myself/ QA*
Step 2:	Mission, Vision and Value	SMT** / BOARD
	Objectives (Aims) (what we want to do)	SMT / BOARD
	Stakeholder Map	QA
	Decide Key Stakeholders	QA
Check	Vision, Mission, Values, Objectives, Activities	QA / SMT / BOARD
Step 3:	Outputs, Indicators (Outcome mapping)	QA
	Client questionnaire	QA
	Outcomes/ Impact approval	SMT / BOARD
	Stakeholder Consultation (how doing client outcome recording)	QA / SERVICE DELIVERY
	Confirming Scope (segmentation) / Key stakeholder analysis	SMT / BOARD
	Social Accounting Plan Design	QA
	Implementing the data recording system	QA / SERVICE DELIVERY
Check	Plan and data consultation results	QA
Step 4:	Collate / Analyse Data	QA
	Draft Social Accounts	QA
Step 5:	Arrange Audit	QA/SMT/BOARD
*QA: Quality Assurance team		
**SMT: Senior Management Team		

Table 9- Norcare Social accounting (2011-12) proposed plan

Norcare overall social accounting progress mapping and whose main responsibility listed in Table 9.

For practical reasons and as it appears in previous cycles, these actions within each step had not been carried out in order, but had developed piecemeal. For example, we were already “implementing the foundation of the plan” (step one to three) in cycle one and two, but still had several aspects of the plan itself to move forward. However, this was not a barrier to progress.

The framework described above and within the ‘Vision Triangle’ (Appendix 5) is for client outcomes; that is, what Norcare do for their clients in terms of effecting change in their lives. The project team also decided to use both organisational and strategic outcomes. These are likely to be fiscal, development, strategic, political or principled. The team identified the appropriate outcomes including:

- Increasing national awareness of issues faced by Veterans (political, principled);
- Obtaining new business in the Middlesbrough LA area;
- Becoming a regional leader in outcomes management.

The staff outcomes were also mapped based on their turnover, sickness, training, health and safety, the staff survey, and Norcare conferences. The staff outcomes were a response to the internal (lateral) forms of accountability to the mission and staff (Najam, 1996) within Norcare. If social account is to be included within Norcare’s system then the identified outcomes need to be mapped out in accordance with Social Audit Network guidelines.

The Norcare outcomes report³² for the year 2011-12 was published in July 2012. The report was published on the website and in paper format. From my journal (July 2012): the email from the Chief Executive of another organisation contacted Norcare and said:

“Just a quick note to say how impressed I am with your excellent Outcomes Report. The breadth and impact of your work come across particularly strongly and the design/presentation is brilliant. I was speaking at an event a few weeks ago where I was critical of the way that our sector reports its success and impact, at a time of general austerity and funding pressure, organisations were

³² The Norcare outcomes report 2011-12 is available in Appendix 8.

not recognising the value of social accounts and other work highlighted outcomes. I wish that I had your report to hand” (CEO, Anonymous organisation).

There were a number of objectives originating during the period of the third cycle, as a result of the process of the Norcare outcomes report, which identified further changes and challenges in future:

Rationalisation of outcomes: there is still the need for further development of the outcomes reporting methods. The report needs to be rationalised with the findings to ensure the meaningfulness and appropriateness in each of the seven defined outcome areas within the organisation.

Benchmarking outcomes against external factors: the benchmarking will be primarily focused on Supported People and key local authority targets as these are areas, in which Norcare needs to ensure the organisation is proving and improving its value in order to maintain current funding and develop future funding.

Discussion took place during cycle three regarding the possibility of comparing Norcare’s outcomes with other similar organisations, however, this is difficult, firstly due to the availability of information, secondly as it is difficult to assimilate and rationalise the information provided due to a lack of knowledge the data sets and methods used by individual organisations to evidence their outcomes are they comparable? Ultimately, the organisation decided, it is the commissioners of services the organisation that need to ensure Norcare is proving and improving its outcomes and impact to.

Staff engagement: to ensure that outcomes reporting would succeed into the future, it is imperative that the organisation has the staff buy-in with an understanding of the importance and benefits of the information they need to input in order for the organisation to demonstrate outcomes. Corporate Services are to work alongside Service Delivery in ensuring staff are positive and proactive about capturing and recording evidence for outcomes reporting. This will be achieved through a communication strategy which will include continued training and support, visual

evidencing through information displays, updates and availability of the report or relevant sections of it for all staff to access.

Development of reporting methods and formats: the future monitoring and work required for ensuring that the outcomes data collected is produced in formats appropriate and relevant both internally and externally; and provided within agreed time-scales. There is an opportunity that the outcomes team within corporate services will develop a higher level reporting model using information from the social audit work to evidence Norcare's worth by reflecting and evidencing the value and impact of the organisation on society. The report will demonstrate this in line with requirements by local authorities, and demonstrate value for money and other benefits to commissioners and new business.

Step 5: Can we prove that we made a difference? (Audit):

For the first outcome report, Norcare decided to postpone the audit process until the key areas of social impact measurement have been embedded completely and all barriers have been overcome.

6.4 Stage three: observe (overall observation- cycle three)

The outcomes report can help as a mechanism to discharge accountability to the stakeholder group. The report to the community provides a dialogue through explanation of the organisation's actions and attitude towards public good and client outcomes. In the current third sector climate organisations depending upon government commissioners funding for their future stability and growth are increasingly dependent on what is happening in society at large. Their situations and goals are continually adjusting to new demands needed to capture the impacts on stakeholders and the wider community.

Cycle three was finalised by the July 2012 when Norcare's outcomes/impact report was published. The organisation believed the report will assist in successful fundraising and improve relationships with funders and increase their ability to respond to the information needs of funders (SP, QAF). There was positive feedback from both internal and external stakeholders.

From my journal (July 2012):

“Nice to get such good recognition for our work; well-done everyone! There is fantastic feedback from our contacts” (Email from CEO).

Email was emphatic:

“Thanks for sending through your Impact report, really great + especially liked the savings to Government page. I’ve sent this through to my colleagues in London as a great example” (Director of Anonymous organisation).

6.4.1 Evaluation (cycle three)

There were a number of challenges identified during the development and implementation of the social impact measurement within the organisation such as lack of computer skills, lack of commitment and communication, and resistance to the project amongst staff which pose practical challenges to the implementation of In-Form and the outcomes system. The ongoing training, facilitation, and monitoring and providing awareness session and continual staff feedback to create a shared vision and learn helped to overcome these limitations.

To investigate the growth of data collection, observations on the analysis from May 2011 to March 2012 showed that great improvements in data collection through In-Form. Whereby, every single client was in the system, and all new paperwork was managed by the In-Form by March 2012.

Figure 24 indicates that the method of collecting data within the organisation improved year after year since 2009. The data represents the dates that clients join the service by taking into the account that they can only be in the service for up to two years. Hence, the 4% (8 clients) in 2009 were identified as invalid data as they should not have been in service by March 2012. There was a great difference in the data collection (n: 36; 17%) between 2010 and 2011 which captured all new clients (n: 142; 68%). Although the organisation in 2011 still was involved in developing the system, it is clear that Norcare achieved the goal of improving data collection and overcoming limitations. Whilst 23 clients (11%) represented the first three months of the year in 2012, yet by the end of the year when the system was in place and had reached 100% capacity (Figure 24).

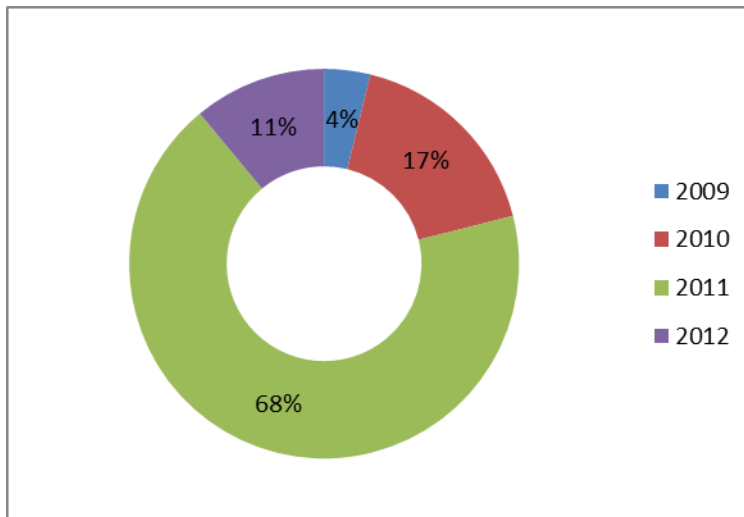


Figure 24- Client recorded to the system (2009-12)

Clients recorded on the system 2009-12. The clients are recorded from their start date when joining Norcare for support.

The data analysis also emphasises the growing outcomes data gathered through the new client paperwork within the In-Form system. As data appears within (Figure 25) the system and recorded as base data, thus enabling the organisation to report on their outcome at any time.

Figure 25 demonstrates client goals status within the period of the data analysis (May 2011 to March 2012) based on a total of 1,340 goals recorded in the client support plan. In the last few months of data gathering the use of the new system helped them record the 320 (24%) set goals achieved by clients. The majority of the goals were related to “Managing money and Personal administration” and “Managing Tenancy and Accommodation”. The reason for the high number of “no progress” goals being included is due to the recent implementation of the system and there being a 16 week interval between each support plan review.

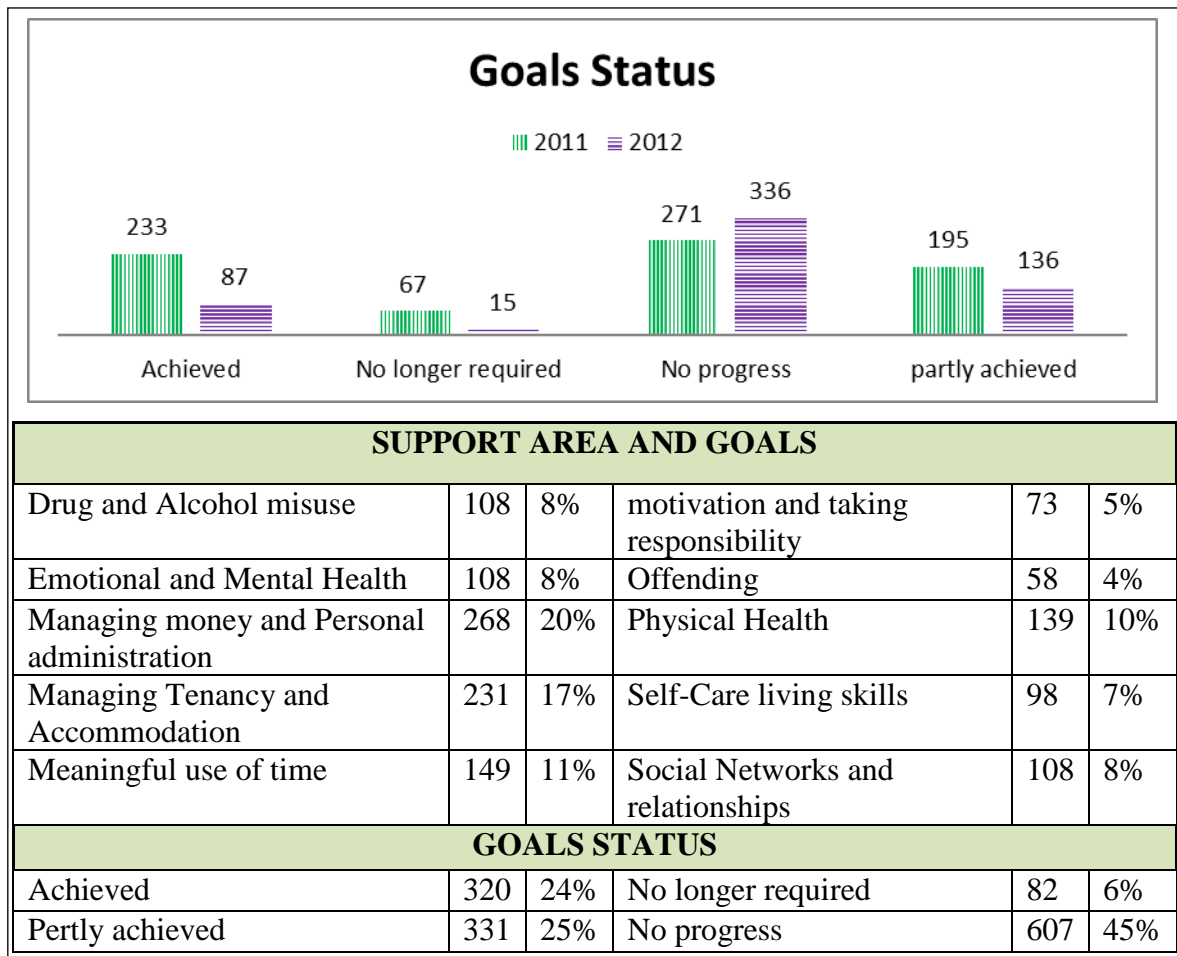


Figure 25- Client Goals Statues (2011-12)

Client data from May 2011 to March 2012 indicating improved of capture of client outcomes data based on implementation of the new recording system within Norcare.

As a result of the improvement to the data collection system, the Outcomes Steering Group decided to apply for a charity award in 2012, the competition was for the best management information project with an outcomes focus. The entry was based on the feedback from managers, development of real-time DashBoards, empowering management and front line staff by providing visibility of risk, support and general data about who they work with and how they are managing the data collection that led to increase data quality through continual management.

Although there was a cultural opposition to the data collection within the organisation at the beginning of the project; the report on monitoring for the Outcomes Star conducted by the Information Officer in February 2012, followed a year later by a report on the data collection in February 2013 (Figure 26), shows the number of clients and percentage of clients having an Outcomes Star created in a month. The organisation expected the figure to be around 25% as Norcare have a 16 week client review cycle. The trend in the report showed an increase in Outcomes Star completions and a stabilisation during 2012. The last six months of 2012 saw an average of 23% of clients having a new star each month. The Information Officer in the report indicated that the current management strategies were working well and the review cycle governed by In-Form was having a positive impact on outcomes data collection (Figure 26

Outcomes Star Creation 2011-12

Month	No. Stars	No. Clients	% Having Stars
February 2011	97	303	32%
March 2011	54	277	19%
April 2011	55	285	19%
May 2011	23	281	8%
June 2011	35	270	13%
July 2011	49	274	18%
August 2011	30	263	11%
September 2011	48	260	18%
October 2011	41	256	16%
November 2011	51	250	20%
December 2011	48	257	19%
January 2012	93	249	37%
February 2012	86	242	36%
March 2012	62	237	26%
April 2012	49	209	23%
May 2012	57	215	27%
June 2012	45	214	21%
July 2012	46	209	22%
August 2012	42	187	22%
September 2012	40	189	21%
October 2012	38	186	20%
November 2012	49	184	27%
December 2012	49	175	28%
January 2013	18	164	11%

The table and graph show the number of clients and % of clients having Outcomes Stars created in a calendar month. As we have a 16 week review cycle we expect this figure to be around the 25% mark.

The trend is shows an increase in Outcomes Star completion and a stabilisation during 2012. The last 6 months of 2012 saw an average of 23% of clients having a new star each month. This indicated current management strategies are working well and the review cycle governed by InForm is having a positive impact on Outcome collection.

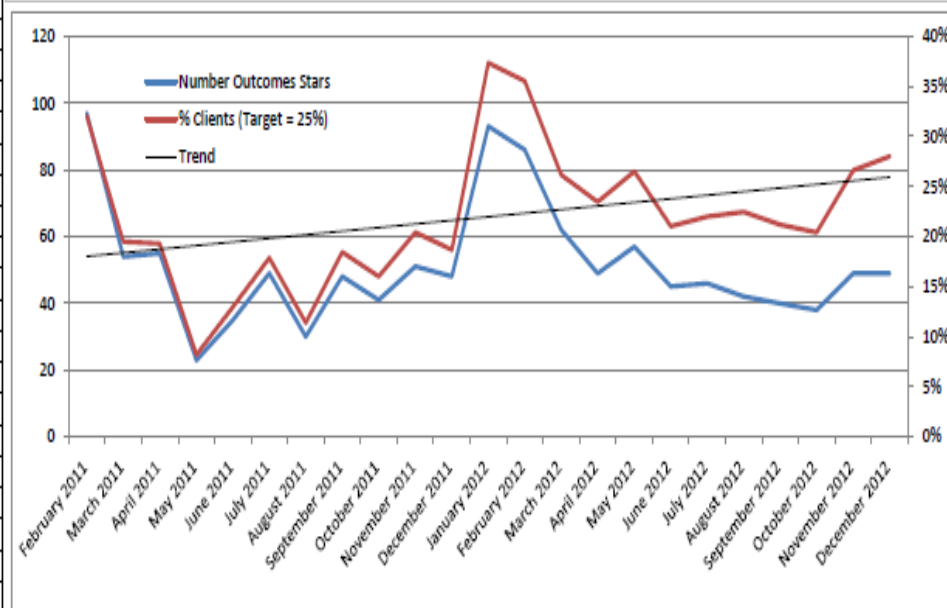


Figure 26- Outcomes Star creation (2011-12)

The report on monitoring Outcomes Star tool that was conducted by the Information Officer in February 2013 represe

6.5 Stage four: Reflect (overall reflection-cycle three)

Cycles one and two were spent building the foundation and framework for outcomes measurement and researching available tools. The team piloted these and chose the model carefully based on what the organisation wanted to achieve by answering the question, who is it for? Whereby, cycle three was then carefully designed using this research and the report was produced within the constraints of the organisation's resources. The results were communicated in the outcomes report and this was integrated into the marketing and fundraising material.

I left a different organisation from that which I had joined in summer 2010; the social impact measurement exercise was a big learning curve for the organisation where the change in practice created a change in knowledge of the organisation and vice versa. The study concluded that social impact measurement had a definite influence on the practice of the organisation. The findings show the organisation internalised the process in their conception of their practice. The social impact measurement exercise led the organisation to learn from their failure and overcome barriers as a means to achieving success. Norcare acknowledged that management engagement was the key for the success of the project. A systematic way of collecting and analysing the data was the best way of being effective and efficient. Throughout the project they became experienced in managing the progress in a way that made sense to clients whilst fitting the organisation's mission to provide information to all internal and external stakeholders, i.e. commissioners, managers, front-line staff, and clients.

6.5.1 Reflection/reconnaissance

In cycle three, Norcare took the strategic decision to go beyond the context of its commissioners, and lead to increased learning about their social outcomes. The reflection on their outcomes report has helped them go beyond the demands of commissioners and helped them prove their work on outcomes.

Since I joined the organisation in 2010, the case organisation has gone through two major structural changes and joined another organisation in a legal partnership. The progress of social impact measurement has affected those changes and vice versa, in respect of how the organisation is structured and what services should be provided for the clients.

At the beginning of the process Norcare had difficulty in clearly demonstrating what the organisation achieved and was unable to capture the value of soft outcomes and demonstrate this to commissioners. 'The Better Place to Be' strategy created the client and people promise which focussed the organisation on the relevance of outcomes monitoring and reporting linked to the mission of the organisation.

The project within the remit of the Head of Quality Assurance and the Information Officers as well as my role within the Quality team looked back to the basic question of what the organisation does by reflecting on the mission and vision statement. The importance of the development of a clear and focused mission and vision statement was discussed by several of scholars (e.g., Bradach et al., 2008). The process of reviewing the organisation's mission statement resulted in better scaling up the social impact measurement. Broad scope and ambition of the organisation offer a wide range of approaches to data collection and a large data set within the exercise. The next step of the project involved identification of resources needed. The organisation acknowledged that the scope of work is directly related to both internal and external resource availability; where within the project, short term priorities shifted and removed the focus from the project's time to time during the project timeline. The project was also demonstrated in the stakeholders of the organisation by answering the question such as what is the external context of Norcare and who the organisation needs to be influenced.

Further growth was expected for the social impact measurement system at Norcare and this has happened. The journey has helped clarify what Norcare do and how they do it by providing management and staff the information to support insight into their work. The organisation established a consistent and meaningful process throughout the project by reviewing policies across all aspects of the organisation. The aim was to support the organisation's 'better place to be' principles and recognised it within the QAF requirement. The process was supported by procedures, guidelines and training to support best practice and quality standards.

Engagement of the project puts outcomes and impact analysis at the centre of what the organisation does and enables them to demonstrate the difference they make for their clients and local communities. It also provides greater clarity and confidence to demonstrate the value of what the organisation does. As a result the opportunity to build

stronger funding proposals and gain access wider funding have arisen because of the support from credible outcomes reporting. However, capturing the long term achievement of a financially stable and viable organisation is outside the scope of this study.

6.6 Summary of the chapter

This cycle illustrated the event that resulted in publishing the Norcare outcomes report in 2012. Cycle three incorporated the objectives from cycle one and two as part of the development and implementation of the social impact measurement within the organisation. Cycle three was the last of the three action research cycles in this study and acts as the evaluation and learning cycle. The cycle reflected upon all the action which occurred in the last two previous cycles, and shows evidence that there has been an improvement within the organisational strategy and operational system. The project fulfils the objective of developing a social impact measurement framework that captures organisational change.

Based on the nature of action research and the complexity of the living reality of Norcare, the project will continue. Whilst the organisation will act as a “self-correcting system” (Argyris et al., 1985) and the change will be ongoing.

Section D: Conclusion

Chapter 7: Final reflection and contribution

7.1 Introduction

Chapter seven concludes the thesis addressing the research questions, contribution to knowledge and practice, and research approaches. This chapter reflects on the objectives of the research and chosen methodology. The chapter also examines the contribution of the research to practice and literature. Whilst it outlines the limitations of the research, and finally offers the possibility of future research.

The chapter includes the overview of the research, research approach, research findings and contribution to the knowledge and practice. The final section examines the limitations throughout the study and any opportunity for future research.

7.2 Overview of the research

The current research was an empirical study that integrates research and practice. The research aims were to explore and understand the lived experience of the development and practice of social impact measurement by employing an insider action research approach through a critical, reflective, and interpretive lens. The conception, meaning of social impact measurement, including its origins, definition and purpose were explored whilst addressing the objectives of the research. The investigation supported understanding of the life-cycle of the social impact measurement of the initial plan, design, implementation, and use; in order to develop the framework by the case-organisation. This study's primary aim was to develop the practice of the social impact measurement framework that is dynamic and sensitive to changes in the internal and external environment of Norcare. Whereby the measurement presented in the framework is relevant, up to date, and accurate, and can integrate into the management information system of the organisation. The model avoids duplication and time consuming data collection, maintenance and reporting that was reported previously by Norcare. Further, the research attempts to define the accountability concept and examine how the theory of accountability might be developed to discharge interactive accountability obligations of multiple stakeholders within Norcare's social impact measurement. The development of the social impact measurement that integrated funding in relation to commissioner power relationship is useful in terms of development of services and identifies gaps by the organisation.

There is diverse type of accountability facing nonprofits due to the complexity operational environment of a non-profit organisation that is respect their nature with wide range of stakeholders (Balser and McClusky, 2005), which construct multiple dimension of accountability. The present study examines the accountability relationships through interactive engagement of different dimensions of accountability forms within the setting of the case-organisation. The study explained how the social dimensions of accountability have been mobilised in the development of the social impact measurement model within Norcare. A strategic approach to accountability in relation to obligations to stakeholders was then assessed in terms of the current research.

As Ebrahim (2007) argues, organisational learning is foundational for accountability and fundamental for organisational attention on the mission. Accordingly, Gond and Herrbach (2006) recognise social reporting as a valuable framework to assist organisational learning whilst ameliorating internal and external achievement. Short-term functional and long term strategic accountability (Avina, 1993) can emphasise organisational learning and evaluation as a more reflective approach to accountability (Ebrahim, 2007). For this thesis the phenomenon of accountability relationships and dimensions in non-profits is explored in relation the case organisation. Ebrahim (2003b, p. 208) emphasise that:

“The challenge of accountability lies in a more complex dynamic between external, internal, upward, and downward mechanisms that are differentiated across NGO types and are embedded in organizational relationships” (Ebrahim, 2003b, p. 208).

7.3 Research approaches

The overall aim of this research was to provide a written account of the journey from the initial idea of engaging in social impact measurement and the production of framework to capture such measurement through the experience and reflection of the participants. The focus was based on change and development within a social situation, the organisation’s workplace, and my involvement as an insider participant by employing an insider action research approach. This provided me access to all kinds of knowledge and understanding that was not accessible to external researchers.

Throughout the study, the process of deciding and developing an outcomes measurement model was not linear. The process was heavily dependent upon internal and external drivers for employing social impact measurement approaches. Action research as a spiral process brought both responsiveness and rigour to the research. Action research as way of thinking also provided an understanding of the social system of the research setting and the best opportunities for change. The research included cyclical action research during the period with the organisation between October 2010 and July 2012 whilst demonstrating interpretive hermeneutics in practice.

The research followed the central tenets of an action research approach by involving real problems in social systems through the development of iterative cycles: identifying problems, planning, acting and evaluating. An insider action research approach is employed with the ultimate goal to capture the development and implementation of social impact measurement within the case organisation, and linking the theory and practice of accountability. The chosen methodology complements requests by researcher to conduct more qualitative, interpretive, and critical research studies in accounting research. Whilst also responding to the limitation of applying action research approach in the business discipline. The design and implementation are evaluated throughout the research. The action research model has enabled both Norcare and me, as researcher, to reflect upon how the process of social impact measurement could be improved and guided the process of carrying out changes. Whilst assessing if the changes have been effective for the organisation. Therefore, action research was ideal for the current research because the overall purpose fitted with the aims of the study. The model fitted with the cyclical approach to social impact measurement involving a reflexive cycle of activities and processes broadly, including planning, collection, review and, communication. This study undertook a collaborative social action research process, empowering participants to identify, develop and implement a social impact measurement model within their practice. The model developed and refined theory as it proceeded in a cyclical model within the current research setting. Whereby, the reflection within action research helps to better inform the practice of social impact measurement within Norcare in cycles of continuous improvement. As a result of a reflexive engagement between the researcher and the research participants, Norcare, the organisation becomes more critical and reflective about its own practice.

7.4 The research process and associate challenges

The current research aimed to address the important question of measuring the social benefit and value of the third sector in terms outcomes and impact. The focus was on the social impact measurement process of Norcare. Also, the research demonstrates change and development in the workplace of Norcare. The purpose of the project was to improve both communications and accountability in practice in a particular setting; but this could be more widely applicable as best practice for third sector organisations in the supported housing sector.

The project was participative, involving Norcare as the case organisation. The data collected was qualitative although there were some quantitative measurements included. The core of the work was fieldwork. The findings sections are included in chapters four, five, and six and were designed around three cycles of action research within the medium term duration ranging from six to eight months. The diagnosis stage of the first cycle was an important introduction period during which the researcher and the case organisation become familiar to one another. The diagnosis stage enabled ease of acceptance as a researcher into the organisation and provided me with greater understanding of what the organisation may wish to achieve. The length of each action research cycle was different due to the events that occurred within each one. Cycle one took longer as the foundations of the model were built and developing a monitoring process took longer than anticipated. Cycle two acted as a work in progress cycle; with the aim of embedding the model that was initiated in cycle one. The third cycle finalised the process by starting to practice the developed framework and publication of the organisation outcome report in 2012. The period of these cycles followed the new operational strategy, including social impact measurement, alongside the focus on the legal partnership and regulatory requirements.

7.4.1 Identified challenges

At the beginning of the research, whilst becoming involved with the organisation, I needed to overcome a number of challenges. An early challenge was to establish communication with the management team and to establish a trustworthy partnership with the staff and volunteers to become an accepted insider. To help overcome these challenges, I started my role as an observer and over time moved to ‘peripheral member’ (Adler and Adler, 1994) and gained the role of insider to observe and interact with the organisation as one of them.

Another challenge for me at the beginning of the study was to bring the action research cycles of inquiry to the project (Coghlan and Brannick, 2010). Consequently, I considered other challenges that may occur (Van der Waal, 2009), including a lack of control over the unfolding process, identifying unknown factors that influence the development of the research, the lack of local i.e., case organisation, knowledge of social impact measurement, and finally to prove myself both in practice and academically. Therefore, to overcome these challenges, I attempted to apply social and spatial mapping of the organisation (Van der Waal, 2009) i.e. work space and organisational charts. I also followed events such as attending meetings and shadowing people where possible during the first cycle diagnosis stage period and throughout the study timeline, as gaining access to the organisation was an on-going process (Smith, 2001). I also focussed on events that happened within the organisation that have an influence on the organisation's workforce (Van der Waal, 2009) such as the transformation of the organisation as a result of restructuring.

Accordingly, I attempted to study what was happening in Norcare as well as the organisation's background by applying overt participant observation (Kawulich, 2005). I was looking specifically at the movement of social impact measurement in regard to outcomes reporting and all the relevant activities within the organisation's background (DeWalt and DeWalt, 2002).

Since the start of my fieldwork, although there was a clear illustration of the aims and the resources, it became clear to me that planning, acting, observation, and reflection would not happen as discrete and tidy stages of research. The solution to overcome these matters was to use the action research framework and adopt this within the organisation's environment (Koshy, 2011).

In addition to the challenges discussed in regard to access, during the period of the research, I have experienced other challenging issues (Davis, 2004). Challenges regarding the cyclical and the evolving nature of action research, i.e. new areas of literature were constantly adding to the research process. Whilst the changing organisational situations was also changing, where goals were continually adjusted to new demands. These demands which were dependent on what was happening in the organisation itself and within society resulted in constant demands for new data to be

generated with new meanings and additional lines of inquiry being regularly suggested. These shifts and changes increased the challenges within the research. At first my inquiry process has caused me to pay attention to all different angles of the organisation, which I had previously discussed in cycle one in chapter four. I continued my research by narrowing the concept as my understanding grew over the time, which enabled me to focus more on social impact measurement and accountability. The third cycle of the action research was shaped based on the action needed to take place for the purpose of publishing the outcome report. Therefore, my intention for writing this thesis was to use the model of action research cycles as a way of capturing all the relevant events within the organisation's journey of change through to social impact measurement.

There were also challenges for the organisation on agreeing the possibility of exercising social accounting and how accountability fitted within the fieldwork. There were priorities on the agenda of the organisation especially in pursuit of a new shape and size. Norcare had gone through a transitional change prior to the study; therefore a number of key staff that had been involved in the initiation of the project had either left the organisation or moved within the organisation to different posts. Therefore, the majority of the individuals, including the management team, were new to their role, the organisation and the system. Despite these difficulties the case organisation overcame these challenges due to robust leadership and a motivation to identify the problems that were underlying the changes.

7.5 Discussion

In recent years there has been a shift in focus to social accounting and capturing the impact. Third sector organisations are under pressure from service commissioners based on their resource dependence. Consequently, there is an expectation of greater accountability, demonstration of outcomes and measures of value added place on these organisations. Norcare as an organisation that is financially dependent on restricted government funding is not exempt from external pressure to demonstrate their impact and outcomes. Thus there is an expectation of greater monitoring of resources not only by traditional financial reporting, but also to demonstrate social value creation which, create dual accountability challenge of producing both social and economic value for the organisation.

Norcare started a journey in 2008 towards moving from an output based organisation to an outcomes based one; by capturing the social changes it make to the community. However, they had financial barriers to prevent them fulfilling this aim. This is seen in action plans from the leadership teams where 80% of actions are in regard to issues of finance. Also, based on my initial investigation into Norcare, it could be seen that accountability was expected through the use of the Outcomes Star tool on the majority of their contracts. In addition, the compulsory use of an outcomes form was expected for all projects funded by Supporting People.

The three main factors required for organisational revitalisation (Beer et al., 1990) that are emphasised by Zuber-Skerritt (1996) include: coordination and teamwork, a high level of commitment necessary for action, and new competencies for problem solving as a team. These factors have been achieved within this project due to Norcare management team strongly believed on the requirement of extensive changes throughout the organisation and dynamic interaction between the practice and underlying theories that informed by testing knowledge against evidence driven from the practice that conducted by myself throughout the project. These occurred based on organisational transitional change involving the mission statement review, human resource review under the new organisational structure, a performance measurement system, and on-going training programmes. The organisation tried to overcome these challenges by making major changes. For example, they underwent major structural change. Due to their robust leadership and strong motivation, they agreed to be the case organisation for my research study, to identify the problems that were the underlying causes of the organisation change, towards embedding outcomes measurement approach in the organisation. The senior management and Board were motivated to develop external reporting and reflect their outcomes achievements in order to secure future funding. Due to the realisation of external demands, the organisation sought a strategic change towards meeting the external demands of commissioners by proactive and reactive strategies. The dynamic, collaborative relationship between the organisation and myself, throughout the project was a key element in the success of the project.

7.5.1 Providing strong leadership and spreading a shared vision to all departments

Action research only works successfully if all members of a team have a shared vision of the problem and are interested in solving it. Whereby, Alaimo (2008) identifies organisational leadership as crucial to handling the challenge of impact measurement

and evaluation. A 'Leadership performance' meeting was introduced in January 2011. In order to increase the ability to influence and work constructively with each other, the meeting established the aims of effective communication and adopted an approach to the changing situation. Alongside, there was the creation of the 'Outcomes steering group' that directly supported my study. Also, there were informal and formal awareness events for front line staff.

A leadership performance meeting was introduced to the mission of articulating the organisation's vision and to lead, inspire and motivate managers to ensure the plans for change and improvement were delivered. The Leadership Performance meeting was based upon the new structure of the organisation and was scheduled for the third week of every month and all of the management team should be present. The purpose of this monthly meeting was to develop a shared vision across managerial level.

From my journal (March 2011):

'The organisational managerial level in Norcare believes that social impact measurement is definitely not a short term functional project within Norcare; outcomes have become core to evidencing the values, ethos and the impact of the organisation on both the clients and the community in which they live; both essential requirements in creating a sustainable organisation within the third sector especially within the current economic climate. Outcomes evidence is necessary for winning tenders, maintaining current contracts and providing opportunities within the personalisation agenda and Norcare are aware of this factor. However, there is a need for more awareness and training towards creating a common shared vision among all staff' (Leadership performance meeting, March 2011).

The Outcomes Steering Group was initially formed based on the participation of all the departments in the organisation; however, their involvement reflected that not all members were directly involved in the project and the majority of the work was done by the corporate service department. Throughout cycle one, the main focus of monitoring was done by corporate services data gathering through the In-Form system. Frequently data gathering and evaluation was reported to the Leadership performance meeting in the format of the outcomes report.

Another important factor affecting the success of action research is the support from senior management (Zuber-Skerritt, 2011). The research (Kramer et al., 2009) emphasised that Board member engagement is one of the successful elements for creating any type of shared measurement system. Involvement of the Board in the design process creates an environment that has a clear expectation about confidentiality and/or transparency of the system. In summer 2011, the Board also set up the 'Impact Committee'. This committee was established as a realisation of the need to have a more specific focus toward outcomes reporting and to improve communication. This event reflects shared vision at all levels of the organisation (Beer et al., 1990). That shows the recognition of the signs of the outcomes measured movement by the highest management level within Norcare that provide proof of the support needs of senior members of the project.

7.5.2 Stabilising and integrating the new beliefs, values, attitudes and behaviours into the system and reaching a new equilibrium

To overcome my possible time limitations in regards to upwards and downwards communication within the organisational structure (Lunenburg, 2010); I attempted to spend time with both senior staff and with front line staff. Furthermore, I engaged with different levels of staff during the outcomes measurement project by attending the monthly team meetings and the weekly Service and Performance Managers (SPM) meetings.

From the beginning of my study I realised that the front line staff are one of the significant elements of progress in the outcomes measurement process within Norcare. Zuber-Skerritt (1996) also emphasises that the lack of commitment and communication related to an organisation's workload which causes problems during any action research is usually at the front line. Based on my discussion with the Head of Quality Assurance about front line staff awareness and involvement, toward capturing social impact data and outcomes measurement; it was identified that they are the main responsible persons in providing data for the project. Thus we decided that I spend time with each service delivery team. This would benefit both the staff as they could understand the reason behind collecting such information and myself via gaining more knowledge about the Norcare workplace. Therefore, I visited all the schemes and their hostel accommodation through their monthly/weekly meeting. Whereby, gaining informed consent from staff and raise the awareness of how important it is to capture outcomes data were my

priority during those meetings. Accordingly, there was a formal communication to all levels of staff, though inform internal communication by Norcare. Also, there was a formal awareness session at the 'Staff Away Day' conference that was an event involving the entire organisation and Board members aimed to take place twice each year. The first conference was held in October 2010 after the new structure was finalised and by then the new team was in place and the new strategic plan (2010-13) was announced.

The next conference took place in June 2011, called the 'Big Team Event: Securing Our Future'. The event occurred shortly after the first internal outcomes report, where it highlighted the limitations of the data generation. The overall themes of the event were to re-launch the Outcomes Star approach and launch the implementation of the outcomes/impact measurement framework. Meanwhile raising awareness of how Norcare needs to evidence what it does via social accounting in order to secure the future of the organisation through outcomes reporting and demonstrate their accountability relationships with all their stakeholders.

From my journal (June 2011):

'In the event in June 2011, in order to create a shared vision of securing the organisation's future across the whole staff; staff asked to define success and how they could improve themselves. Some of their definitions that I took from the discussion were such as making a positive difference in the lives of vulnerable people, supporting the clients to move on with their lives, positive outcomes achievement of desired outcomes to prove, client, my colleagues and myself, are happy and has continued to make a positive impact on our client lives (Big Team Event, 2011).'

As it appears from the discussion at the conference that staff are aware of the positive change to their client's lives and proving outcomes are part of the shared vision across the organisation. However, there were some obvious concerns during those discussions, including workload and the time consuming nature of the process, the lack of a single terminology and difficulties with multiple approaches for different contracts and project requirements, lack of standardisation of the capturing system and the communication problems within Norcare.

7.5.3 Review the change in the overall plan and explain any satisfaction or failure to implementation

Norcare's strategic focus shifted onto structural change, economic pressures, and the acknowledgement of social responsibility as a core value for sustaining the organisation's future alongside financial growth and as a result of engagement with my research study. On the other hand, there was a big gap between the senior management's belief and the rest of the workforce. During the project, there were issues such as staff resistance to the project due to different perspectives and interpretation of the situation. The staff described the model as a control mechanism as they often did not understand the objective and potential benefits of the model. However, throughout the project the senior team tried to change the attitude of staff toward social impact measurement by providing effective and efficient training and awareness sessions. Norcare senior management believed that the success of the model significantly depended on the way the measurement was implemented and utilised by the staff.

From my journal (April 2011):

'In my early visit to all four main schemes of the organisation, I realised that none of the teams were aware of the significance of the Outcomes Star tool data to secure funding. Housing Support Officer's argued that they are too busy to deal with clients and their crucial needs and support, and they already spend too much time on doing administration and paperwork which they would rather spend on dealing with client problems'.

I attended innumerable team meetings during the time of investigation in cycle one, but none of the teams had outcomes reporting or anything relative to it in their agenda, nor maintained by Senior Performance Manager's for staff awareness that the report is at a higher level of the organisation's agenda.

This study started with the consideration of the upward accountability level as the main form of accountability as a result of identifying power relationship (dominate patrons (funders) accountability) as important element of relation that influencing who is able to hold whom accountable is in literature. As also, Mulgan (2000) argued the majority of approaches to accountability are controlling an organisation from outside that includes three core elements of accountability: external scrutiny, social exchange and, right of authority. The recognition of social impact measurement was not clearly known to the

organisation at the beginning of the social impact measurement process; before the model had been initiated and embedded within the later stages of the project. The issue is demonstrated as a “practical implication” (Gibbon, 2010) and is specific to the case organisation. The analysis leads to the conclusion that the social impact measurement through the accountability relationship was the most useful; for indicating the requirement of implementing practical, accountable models of practice focussed on the outcome of the case-organisation. Social impact measurement implementation played a major role in improving their accountability relationships. This study support a proposition that accountability is not absolute concept but, a relational one that create a system of multi directional and conditional relations that improvement in one dimension of accountability such as upward accountability will make progress toward a mission that reflects downward accountability to client and society (Ebrahim, 2005). This study provides recognition of a changed appreciation of accountability through the experience that provides a deeper view of how accountability can be played out in practice with third sector organisations. The journey towards the creation of the model resulted in changes in both operational and strategic decision making by Norcare. Research undertaken in this study enabled Norcare to develop a deeper understanding of the real and perceived barriers to remain focused on their social goals while responding to changes and sustaining their organisation. They also, improved their practice and enhanced their sustainability by gained knowledge of themselves through demonstration of the full extent of their work and acting correctly upon their values and objective. This study provides the opportunity for Norcare to gain knowledge of their stakeholder's perspective and improved the effective dialogue. These positive changes can be proved by their confident decision making when joining Fabrick Housing Group and creating a new business model to improve and stabilise themselves in the ever changing, complex, and volatile environment of the third sector. Norcare even went further when in April 2014 Fabrick and Vela came together as the two existing housing groups in northeast from an area spanning North Tyneside to York, making Thirteen the largest group of housing associations in the North East where, Norcare has come together with Tees Valley Housing to create a brand new partner, Thirteen Care and Support, offering services for vulnerable people facing a range of challenges. However, what is not clear is how the organisation can challenge and define their position on social good in the power relationships involved. To truly recognise the impact that the organisation has on the clients' life and of its communities, evaluation and measurement of social impact

and auditing are needed to move beyond funding regulation and commissioner requirement and clearly outline the viability of the organisation.

This study started with the consideration of upward accountability and moved beyond the answerability characteristic by taking a broader perspective. The multiple levels of accountability can be viewed as 360 degrees of relationships across all three dimensions including downward and lateral within the organisation. While dealing with commissioner bureaucracy and the power relationships is significantly demanding, yet Norcare's ultimate goal is to support the client needs in the community. This leads to the idea interactive engagement could help build 360 degree accountability between commissioners, client, organisation, including staff and the community. This broader perspective on 360 degree accountabilities could build and sustain relationships with all stakeholders (Figure 27).

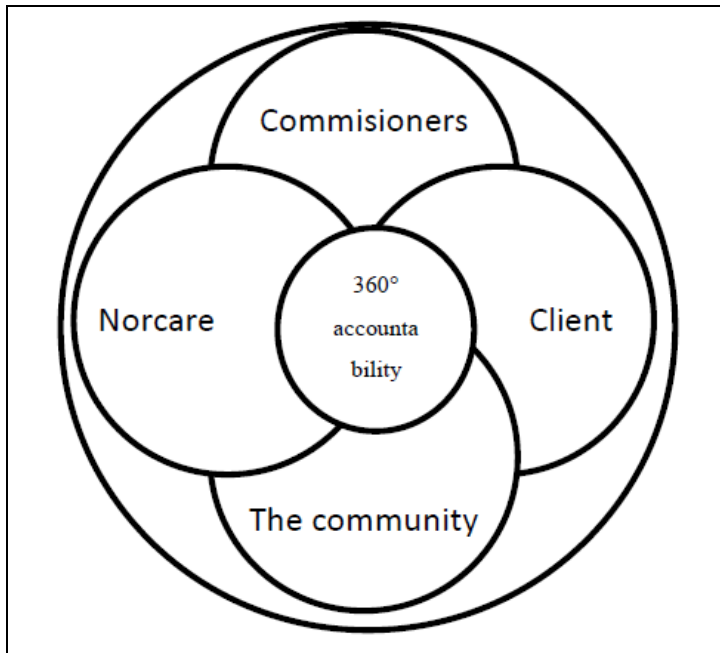


Figure 27- The Norcare's 360 degree accountabilities relationship

The Norcare 360 degree accountability relationship among its stakeholders is described in Figure 27.

Social impact measurement in any forms of social accounting that can capture and communicate impact/outcome orientation information has become a critical success factor for third sector organisations. The social impact measurement exercise was improved by the embedding of social accounting into the management information systems of Norcare. The outcomes report forms part of the performance information system and reporting process within the organisation's 'political and moral legitimacy' (Taylor and Warburton, 2003). Although social impact measurement in the short term can be used as a weapon to define the organisation and hold its position against competition; in the longer term when the organisation gets strong enough, it may assist the organisation in challenging the power system i.e., commissioners.

Social impact measurement continued to be improved after my disengagement from the project and had become integrated in the decision making process at both an operational and strategic level. The process played an important role in shaping the new Norcare. Social impact measurement improved their operational control, hence improved efficiencies of the organisation, communication, and decision making process. Norcare has continued to publish the outcomes report in 2013.

As the Chief Executive of Norcare observed in 2014:

"This resulted in adaptations to reporting methods within Norcare's paperwork and its IT data capture system...to ensure that the correct information was being captured throughout the whole of a client's journey with us...The result of this work now means that Norcare can effectively monitor and evidence key outcomes achieved with the clients throughout their time with us. This enables us to more clearly demonstrate the impact of the support we deliver. This information is used on a regular basis with commissioners to evidence our impact and therefore help maintain contracts in an economically challenging environment; it is also used to assist in opportunities for growing new business"(Testimonial from Chief Executive, Norcare Limited in Newcastle University Research Excellence Framework (REF), 2014).

7.6 Research contribution

The change in practice resulted in a change in knowledge and vice versa. In that respect, this research has contributed to knowledge on the practice of social accounting. The study provides another addition to empirical research within the SEA literature as well as making a contribution to the third sector accountability and social impact measurement literature. The findings of the study may interest similar third sector organisations in the supported housing sector and local government policy makers, by undertaking an integrated investigation on how particular non-profit organisations deal with “multiple and competitive accountability demands” (Ebrahim, 2003a, p. 814). However, as the evaluation of delivering value by non-profits is done “via a dynamic network of evolution's” (Meynhardt and Metelmann, 2009, p. 278) in accountable relationships, there is not any one solution for standard social impact measurement to respond to all stakeholders’ expectations.

This study also contributes to the social accounting literature by empirically exploring the theoretical and practical development of the frameworks employed by the case organisation and examines real change within the organisation (Gray et al., 1997) to their accountability approaches. As yet there is a limited knowledge about the role accountability demands play in practice and how this relationship might impact, for example, on the organisation’s identity. This study also responds to limitation of research investigating organisational changes as result of social impact measurement exercise.

The social impact measurement developed by Norcare was a response to the overall strategy of the UK Government for third sector organisations. Social measurement continues to be relevant to the UK government’s overall strategy for the third sector. The strategy requires third sector providers to show how their services benefit users and the communities in which they operate. Hence, the findings of this research will be of interest and relevance to other similar organisation in all regions of the UK. As this research makes a sustainable contribution to relatively small scale of empirical study in this field by providing documentation and explanation of how the organisation is measuring its impact and develop a best practice and contribute to debate around the more transparent and inclusive measurement of social impact and developing definitional and methodological recognition. In addition, this study also responds to need for more qualitative, interpretative, and critical research studies in accounting

research by applying the action research methodological approach. Action research approach seeks not only the realisation of useful knowledge, but effective changes in organisations and society by linking social problems and the understanding theory used to explain and resolve the problem. Therefore, the purpose of using an insider action research approach was to add to previous work linking the theory and action of accountability through social accounting for social enterprises (Gray et al., 1997).

7.7 Limitations and future study

On reflection, the research may be considered too qualitative, subjective and particular; therefore it is not possible to generalise or apply the findings to other communities or organisational setting. However, using the pure quantitative data was not an intention of this study at all; the use of the action research process facilitates openness and empowerment that strengthen the validity and reliability of the research.

This research neither developed a hypothesis nor tried to investigate existing ones using traditional research approaches. The present study, by employing an insider action research approach within the organisation of the study, provides independent descriptions of observing phenomena and interpreted them against the underpinning theories. The study might not be applicable to other non-profits because the study chosen is a specific case from the supported housing sector to investigate insights into a best practice of accountability in the third sector. In addition, some aspects of the study were specific to the supported housing sector within the UK setting. Hence, the result in this study needs careful consideration in any generalisation of the result in future.

The findings of the current study are also limited in terms of context and time period (Irvine and Gaffikin, 2006). The case organisation was a small-medium sized organisation, which operates in the northeast of England. The specific nature of the case research may have implications in the way different dimensions of accountability obligations are explored and relate to managing stakeholder expectations. Whereby, bigger organisations may experience different challenges in understanding accountability relationships amongst groups of stakeholder.

In regards to the growing importance in the development of social impact measurement for third sector organisations and frameworks for capturing the outcomes measurement in relation to organisational accountability within the third sector. There is an impetus

for future qualitative and quantitative investigations using larger populations, a larger geographical area of study and period not only on individual organisational setting, but also on groups of organisations that impact on social problems in communities. As the report (Harlock, 2013) reveals, there are relatively few robust and comprehensive large-scale studies in practice across the UK third sector as a whole. The current research acknowledges the need for further in depth study across the field of non-profits within different areas of practice in order to draw conclusions about the extent and nature of the accountability practice within different settings. There is potential for future research to an even deeper understanding of accountability in accordance with capturing outcomes of a wider community that is currently being under the shadow of upward accountability and still is under developed area within the practice and research.

There are also opportunities for the research to integrate with the theory of changes and tracking over time, both within the community in which the organisation is providing services and also within the organisation itself. By demonstrating social impact measurement and reflecting on an organisation's strategic and operational practice the opportunity to further examine the accountability relationship in non-profits is possible. To examine if social impact measurement causes any fundamental changes in an organisation's social behaviour due to providing knowledge of different accountability relationships and if provided the opportunity for operating under a stable environment in a continuing and rapidly changing environment of the third sector.

7.8 Summary of the chapter

In the current study practice of the social impact measurement began with the idea of better identifying and measuring more objectively the social value of services provided by the case organisation, to service users and the community at large. Social measurement is a way of demonstrating the extent to which an organisation is meeting its stated goals. The research then investigated how implementation of social impact measurement supports accountability obligations. The study also captured the organisational learning curve, including change and development in the social situation of the organisation as a key purpose of the social impact measurement implementation. Whilst the evaluation models for social enterprises are at an early stage of development they are needed for assessing social capital, citizenship, community cohesion, relational assets, social well-being, quality of life and social and economic regeneration of communities.

The current study responds to calls for more well-documented studies of measuring social impact within concept of accountability as the theoretical concept of accountability had moved faster than the reality in practice as still evaluate prosperous implementations not fully developed. This study contributes to the social accounting literature by exploring empirically organisational learning through reflective approach to accountability and further developing social reporting as a valuable practical framework to assist organisational learning whilst improving organisational internal and external achievement.

The attempts of the study were to develop a “framework” of best practice to having examined the formal and informal accountability and transparency criteria upon which these are based. The framework provides a robust set of social impact measurement for the case organisation within the supported housing sector. The measurement enabled the adoption of an accountability mechanism that reflected the organisational obligation among key stakeholder groups. The aim was to develop suitable frameworks for the organisation to prove they are living up to their values whilst improving effective performance.

Social impact measurement as an evaluation framework remains a fluid concept as the third sector organisation continues to adopt new models/tools for their needs for data. This thesis studied the development of social impact measurement framework by the case organisation to capture their impact performance measurement and assisted in the process. The result is a useful framework for the case organisation Norcare, in capturing a more relevant, specific set of outcomes. The measurement model and the process of designing, developing and implementation can be used as a guide to any other similar organisation in the implementation of the model.

This thesis has also reflected the fact that in the concept of non-profit accountability the complexity of value contributions of such organisations needs to be considered in addition to the needs of multiple accountability requirements such as upward to funders, laterally to staff members and downward to beneficiaries, clients. This requires a variation of dialogues with all stakeholder groups.

Appendices:

Appendix 1: Role of the key actors in the research study described within the case organisation Norcare.

Participants	Role in research
Head of Quality Assurance	As head of improvement in services and performance of Norcare, and the main person responsible for internal review, QAF, performance and outcomes reporting, play an important role in the research setting. She has been the main contact of the researcher during the research period.
Information Officer	Accountable for all management information systems and IT proposition for the whole of Norcare, that is directly involved in generating and collecting data for the outcomes report.
Director of Corporate Service	Strategic alignment provider for all corporate services and direct line manager of two key roles in the research setting.
Director of Service Delivery	The service delivery team, including the director, is the heart of the Norcare. Thus, to capture the accurate information about client outcomes, the collaboration with the Director of service delivery was essential.
Service and Performance Managers	Service delivery, which is the main direct contact with client managed by five service and performance managers that have direct influence on the research process and data creation for the outcomes report.
Board directors	As the strategic policy direction of the organisation is in the hands of the Board, their decisions delegated directly to the organisation have a direct influence on the research process.
Housing Support Officers (HSOs)	The HSO are the staff that works directly with the client and main resources to collect the information for the outcome report.
Chief Executive	A top level management of the whole organisation and connect the organisation and the Board directors and also have played a significant role in the research process, as her confirmation and support was needed during the research.
Client Empowerment Officer	His role in the research involved communication and consultation with clients at the beginning and during the outcomes reporting process that had an influence on the research.

Appendix 1- Participants roles and responsibilities in the research setting

Appendix 2: Demographic areas represent the operating environment of Norcare within the North east region:

- County Durham:
 - Kairos: Supported accommodation project for people who misuse alcohol
 - Terentia house: Supported accommodation for women and children fleeing domestic violence.
- Gateshead:
 - Gateshead substance Misuse Project: This scheme works with clients living in the Gateshead area who have issues with alcohol or drug misuse that impact on their ability to gain and/or maintain a tenancy.
 - Gateshead Ex-Offenders Accommodation: Supported accommodation for single people aged 16 and over who are ex-offenders or at risk of offending.
 - Gateshead young People's Project: young people aged 16-25 who are vulnerable and threatened with homelessness.
 - Gateshead Ex-Offenders Tenancy Support: This scheme is for ex-offenders and those at risk of offending. Work with clients to develop an individually tailored support programme which provides personalised support and advice, helping the client access education, health and wellbeing support, and counselling services if appropriate.
 - Gateshead Tenancy support Project: This scheme is for single people living in their own tenancy who are struggling to cope or are at risk of being made homeless.
 - Gateshead Accommodation Project: This scheme is for men and women aged 16 and over who are ex-offenders or at risk of offending to helping them to move on into their own accommodation.
- Newcastle:
 - Cumberland house: Temporary supported accommodation for women aged 16 and over who are homeless or have housing difficulties, including those who have offended or are at risk of offending.
 - Newcastle Substance Misuse Project: Support services for a total of 12 men and women aged 16 and over, who have problematic substance dependency and live within the Newcastle area.
 - Wavelength: Temporary supported accommodation for single men aged 16 and over who are facing homelessness, including ex-offenders, and those at risk of offending.
- North Tyneside:
 - North Tyneside Ex-Offenders Project: Support services to men and women aged 16 and over who have offended or are at risk of offending and live within the North Tyneside area.
 - North Tyneside Substance misuse project: Support services to men and women aged 16 and over who are at risk of losing their tenancy or unable to obtain a tenancy due to issues with substance misuse.
- Northumberland:
 - Northumberland Accommodation Project: Support services to men and women aged 16 and over, who have offended or are at risk of offending and live within the Northumberland area.
- South Tyneside:

- Living Independently South Tyneside: Support services to men and women aged 16 and over who have a history of enduring mental ill health and live within the South Tyneside area.
- South Tyneside Supported Accommodation Independent Living: A scheme for single people in South Tyneside aged 16 or over who have a history of enduring mental ill health. This scheme offers supported accommodation in one or two bedroom flats in 13 separate properties and works with clients to help them maintain their tenancies.
- South Tyneside Accommodation Project: Accommodation and support services to men and women aged 16 and over who have offended or are at risk of offending and live within the South Tyneside area.
- Sunderland:
 - Toward Road Accommodation Project: Supported accommodation for clients aged 16 and over who are ex-offenders or at risk of offending.
 - Wearside Tenancy Support Project: This scheme covers the Wearside area and can help up to 26 people aged 16 years and over who have a history of offending or are at risk of offending. Support is provided to enable individuals to gain and/or maintain their own tenancy

Appendix 2- Norcare's Demographic areas within the North East region

Appendix 3: The list of main monitoring tools (e.g., client paperwork) in 2010:

- *Interview and Initial Needs Assessment* (personal information - based on 10 elements of Outcomes Star): however, this document captures information regardless of Outcomes Star element collection criteria. This form was just kept as a paper base in client files and was not computerised anywhere in the system. Thereby, the data is only accessible by looking at a client's file.
- *Initial Client Support Needs Action Plan* (with 20 objectives and Outcomes Star elements): this document has to be collected within the first 6 weeks of support along with "Key-work sheets". This document was used as a diary to record the action taken since the client comes to the service until the first formal support plan in week six of the support. This document was used only as a reference by the Housing Support Officer and it was not recorded in the computer system. This was the new document that was introduced recently as Norcare found out that they were not recording any of the actions taken at the beginning of the client's journey in service, however it's still paperwork and it's not hard outcomes-based setting.
- *Client Key-works Session*: This document basically captures the day to day activities of the Housing Support Officer and a client on a weekly basis and was recorded in the computerised system. The data collection was also influenced by the Outcomes Star tool, but in a descriptive way.
- *Support Needs Assessment*: This paperwork starts to collect data at approximately week four of service to replace client key works session document. This form was designed to be used in conjunction with the initial 'interview and Needs Assessment', 'Risk Assessment & Management Plan' and 'Key-works' to help identify and set goals and objectives within the initial support plan created at approximately six weeks of service.
- *Support plan and Support plan review*: This Support plan is to be used in conjunction with 'Risk Assessment', 'Support Needs Assessment', 'Outcomes Star' and Initial client's action plan in the first six weeks of service. It has to be completed approximately six weeks into the support and then repeated every 16 weeks.
- *Outcomes Star*: initial plan was to do Outcomes Star with each Support plan.
- *Service user quality of life questionnaire*: This is a self-assessment carried out in conjunction with a key works every four months. However, individual clients' scores are not comparable with each other and the scores are only used to measure an individual's development and their perception of their situation NOT the client group as a whole. There are 30 questions in 3 sections: Health and well-being, Accommodation/ General living and Aspiration.
- *SP Return*: this document is done online for external requirement from Supporting People. These forms are completed at the end of a period of support.

Also, it is possible to produce a summary report of short term outcomes for Norcare clients in terms of five headlines and 21 questions.

- *Risk Assessment and Management Plan*: This form is to be completed after an interview based on the data from the referral form, interview form, client's comments on risk items in the initial interview from (self-observation) and information from third parties.

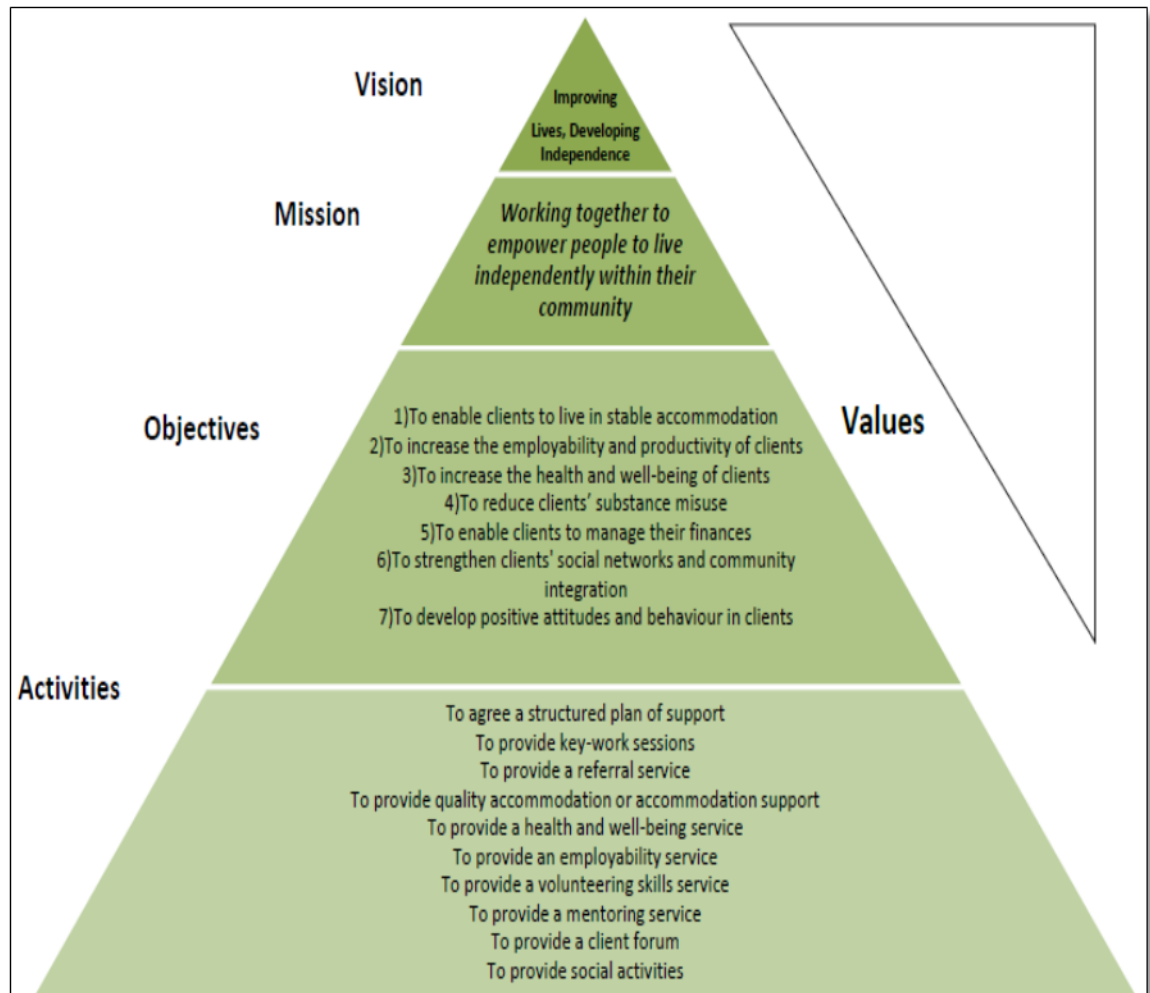
Appendix 3- The list of main monitoring tools (e.g., client paperwork) in 2010

Appendix 4: List of Norcare stakeholders:

Client:	<ul style="list-style-type: none">I. Young homeless peopleII. Ex-offenders or those at risk of offendingIII. People who misuse drugs or alcoholIV. People who experience mental illnessesV. Women and families fleeing violenceVI. Veterans with supporting needs
Funders:	<ul style="list-style-type: none">I. SP: Supported PeopleII. PCT: Primary Care TrustIII. The Royal British legion
Premises:	<ul style="list-style-type: none">I. Gentoo Group: North East Housing providerII. Two castles: supporting both the provision of affordable housing and the surrounding communities in Carlisle, Kendal, Whitehaven and Newcastle.III. Places for people: property management, development and regeneration companies in the UK.
Partner:	<ul style="list-style-type: none">I. NECA (the North East Council on Alcoholism): regional charity working in the area of substance use/misuse.II. HospitalsIII. PoliceIV. Social ServicesV. Prison/ ProbationVI. DISC (homegrown charities operating in the North of England), provide a range of service such as Children and Young People, Criminal Justice and Offenders, Drug and Alcohol misuse, Education, Training and Employment, Family Support, Health, Disability Services, Housing Support
People:	<ul style="list-style-type: none">I. Board memberII. Paid staff (Full and part time)III. Volunteers
Supplier:	<ul style="list-style-type: none">I. IT serviceII. In-Form providerIII. Etc.
Other:	<ul style="list-style-type: none">I. Paid and volunteer consultantII. Public sectors/ regulatory (local authority, regional council)

Appendix 4- The full list of the stakeholders

Appendix 5: Vision Triangle: Vision, Mission, Objectives, Activities, and Values – Client Outcomes



Appendix 5- Norcare Vision Triangle

Appendix 6: From Input to Impact – Outcomes, Data Collection, and Sources for Social Accounting in Norcare

Pathway one: Living and Accommodation		
Objective: To enable clients to live in stable accommodation		
Outcome	Indicator(s)	Source
Obtaining Stable Accommodation	Planned Move-On	In-Form
	Managing tenancy and accommodation rating on Outcomes Star	In-Form
	Support Plan Goals related to “Managing tenancy and accommodation”	In-Form
	Post Service Questionnaire (sample) – Managing Tenancy and Accommodation	Questionnaire Responses
Improved Self-Care and Living Skills	Internal Course Attended – Life Skills	In-Form
	Self-care and living skill rating on Outcomes Star	In-Form
	Support Plan Goals related to “Self-care and living skills”	In-Form
	Post Service Questionnaire (sample) – Self-care and living skills	Questionnaire Responses
Pathway two: Learning and Work		
Objective: To increase the employability and productivity of clients		
Outcome	Indicator(s)	Source
Increased Employability	Meaningful use of time rating on Outcomes Star	In-Form
	Engagement with Employability Service (for those registered with the scheme)	In-Form
	Attendance and enrolment in educational programmes	In-Form
	Obtaining employment	In-Form
	Engagement with Voluntary Skills Development service (for those registered with the scheme)	In-Form
	Volunteering	In-Form
	Support Plan Goals related to “Meaningful Use of Time”	In-Form
	Post Service Questionnaire (sample) – Meaningful use of time	Questionnaire Responses
Pathway three: Health		
Objective: To increase the health and well-being of clients: This incorporates several aspects of health; mental health, physical health issues and also healthy lifestyle.		
Outcome	Indicator(s)	Source
Reduction in Mental Health	Emotional and mental health rating on Outcomes Star	In-Form

Issues	Support Plan Goals related to “emotional and mental health”	In-Form
	Post Service Questionnaire (sample) – Emotional and mental health	Questionnaire Responses
Improved Physical Well-being	Physical Health rating on Outcomes Star	In-Form
	Engagement with Health and Well-being project (for those registered with the scheme)	In-Form
	Support Plan Goals related to “physical health”	In-Form
	Post Service Questionnaire (sample) – Physical Health	Questionnaire Responses
Pathway four: Substance Misuse Objective: To reduce clients’ substance misuse		
Outcome	Indicator(s)	Source
Reduced Substance Misuse	Drug and alcohol misuse rating on Outcomes Star	In-Form
	Support Plan goals relating to “drug and alcohol misuse”	In-Form
	Post Service Questionnaire (sample) – drug and alcohol misuse	Questionnaire Responses
Pathway five: Managing Money Objective: To enable clients to manage their finances		
Outcome	Indicator(s)	Source
Improved Financial Management	Managing money rating on Outcomes Star	In-Form
	Support Plan goals relating to “managing money”	In-Form
	Post Service Questionnaire (sample) – managing money and personal administration	Questionnaire Responses
Pathway six: Relationships and Community Objective: To strengthen social networks and community integration		
Outcome	Indicator(s)	Source
Improved Quality of Relationships	Social networks and relationships rating on Outcomes Star	In-Form
	Support Plan goals relating to “social networks and relationships” with a personal focus	In-Form
	Post Service Questionnaire (sample) – social networks and relationships	Questionnaire Responses
Improved Living in the Community	Engagement with Norcare social activities	In-Form
	Support Plan goals relating to “social networks and relationships” with a community focus	In-Form

Pathway seven: Attitudes, Behaviour and Empowerment Objective: To develop positive attitudes and behaviour		
Outcome	Indicator(s)	Source
Reduction in Antisocial Behaviour and Offending	Offending rating on Outcomes Star	In-Form
	Support Plan Goals relating to “offending”	In-Form
	Post Service Questionnaire (sample) – “offending”	Questionnaire Responses
Increased Self Confidence & Motivation	Motivated and Taking Responsibility rating on Outcomes Star	In-Form
	Support Plan Goals relating to “motivation and taking responsibility”	In-Form
	Attendance of Self Confidence course	In-Form
	Post Service Questionnaire (sample) – motivation and taking responsibility	Questionnaire Responses
Improved Ability to Make Informed Decisions	Engagement with Client Forums	In-Form

Appendix 6- Client Outcomes/ impact: Outcomes, Data Collection, and Sources for Social

Accounting in Norcare

The Norcare Veterans' Centre
Outcomes Report 2011: Brims House

**A BETTER
PLACE TO BE**



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Special thanks goes to the Royal British Legion for funding the initial two years of Brims House and without this we would not have had the opportunity to support and help the numbers of Veterans that we have.



FORWARD



I have been Chief Executive of Norcare for nearly five years. The launch of the Norcare Veterans' Centre has been one of the highlights of my time with Norcare, and I am excited about future plans to open further centres across the North East. The work that has already been achieved by the centre is inspiring and I am committed to our vision for the future.

Susan Bickerton - CEO

I joined the British Army in 1979 and served for 31 years – 27 of those were with the 2nd Battalion Royal Anglian Regiment.

I joined Norcare in June 2010 as the Veterans' Centre manager and I managed the development of the centre from start to finish, including developing links with support agencies. I am passionate about my role and I am looking forward to opening future projects as part of Norcare's Veterans Growth Plan. Having just celebrated our first year of being open we have had considerable amount of success not only with the media coverage and high profile visits, but more importantly the successes we have had with the veterans who have used the centre both residential and in the support group.

Phil Thompson - Veterans' Centre Manager



Brims House Staff – the people that make it work!



Fred Brooks
Senior Housing
& Support Officer



Gary Cameron
Housing &
Support Officer



Kim Jeffrey
Family Officer



**We helped 59
veterans get
their life back
on track in our
first 12 months.**



OUR OUTCOMES



We track our clients' achievements on an ongoing basis and report on them using 7 outcome pathways. Outcomes are tracked using the nationally recognised Outcomes Star and the achievements recorded in clients' support plans.



OUR VISION

Working together to empower people to live independently in our communities.



OUR ACHIEVEMENTS



November: Official Opening with 60 guests. The centre was opened by the Lord Mayor of Newcastle and the oldest Veteran – Mr. Thomas Seville.

May: we were successful in winning a grant from AB,F The Soldiers Charity, for £80k. This money is to continue with the Veterans' Centre Growth Plan.

November December
2010

January February March April May June
2011

November: The first occupational health students begin their programme

January: We had a visit by the Veterans' Scrutiny Panel which comprised of 12 councillors across the North East who compiled a report raising issues and concerns on how the North East is supporting our ex-servicemen and women.

January: We had our first meeting with the Governors from HMP Durham to create a pathway for Veterans in custody requiring support and housing. This resulted in a support group being established in HMP Durham and provided a clear pathway.

March: We held our first support group at the centre delivering the Veterans' Mental Health Recovery programme. This was very successful and the results were better than expected. The group meets once a week and have benefited greatly.



July: Staff, Residents and Supporters of the Norcare Veterans' Centre followed in the path of the Lindisfarne Pilgrims, walking from the mainland of Beal over to Holy Island to raise funds for Brims House.

November: Residents, Staff and members of the support group were invited to the official unveiling of the Brothers in Arms memorial wall. The wall, next to the City's war Memorial in Burdon Road, was built to commemorate the city's fallen heroes killed in conflict or training since WW2

July August September October November December January
2012



September: We were honoured by the visit of Her Royal Highness the Princess Royal. After various introductions, HRH took time to chat to the residents about their time with Norcare and what a difference Norcare has made to their lives.

November: We won the tender for the Sir James Knott Trust which was a real success and involves a purpose built centre with single dwelling accommodation in Newcastle. This aims to cater for homeless Veterans and families.

LIVING AND ACCOMMODATION

100%

of clients stabilised or increased their ability to manage their home and living arrangements.

66%

of clients stabilised or increased their ability to deal with everyday living issues.

88%

of clients departed the scheme in a planned and managed way.

Many servicemen and women leave the armed forces without the necessary life skills to make the transition into civilian life. Staff at the centre help clients with issues such as offending, substance misuse, debt, managing money, employability, managing independent living, breakdown of family relationships and PTSD.

A programme of support is put in place which involves Norcare working together with a number of other agencies which specialise in meeting their needs. All agencies work closely together to give the required support needed.



33

We have provided a supportive home environment to 12 Veterans over the past 12 months.

33

LEARNING AND WORK

Training, work and meaningful activities are vital to a fulfilling life, yet many skilled veterans don't recognise their own abilities and put them to good use. At the Norcare Veterans' Centre, an emphasis is made on meaningful use of time, with residents encouraged to take part in group activities, hobbies, training and jobseeking. We have a partnership with Finchale College in Durham, which provides formal qualifications in a range of professions, and is tailored for veterans and those with disabilities.

100%

of clients made more meaningful use of their time.

60%

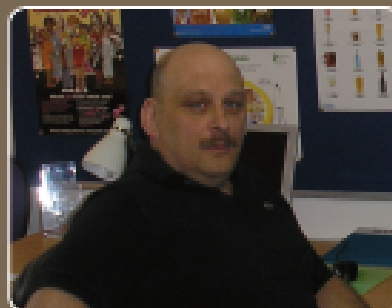
completed training courses at Finchale College.

30%

of clients obtained paid employment, with a further 10% gaining work placements.

Richard 's Story

The Army was the only adult life Richard had known when he was discharged after serving 25 years in the Royal Artillery. At the time leading up to his discharge he was emotionally unstable as a result of the breakdown of his marriage and loss of contact with his daughter, it was these circumstances that resulted in Richard being arrested and remanded in custody once he was discharged. He came to the Veteran Centre in an extremely fragile state with the first taste of civilian life having been HMP Durham - "a place you wouldn't house your dog" - not a good view of a new chapter in life!



Richard had a history of emotional problems, exacerbated by alcohol, and his length of service made him a complete fledgling in the strange new world of civilian life. His needs centred on alcohol misuse, domestic abuse, breakdown in family relationships, managing independent living, employment and mental health.

Richard engaged with NLP therapy and a Counsellor as he started to settle in to his new home. He also took part in sessions on healthy relationships and engaged with employment agencies and Occupational Health students. All services are provided at the Centre to help with the transition, and give a safe place in which to deal with strange, and often emotional issues.

Richard thrived on being part of a "family", all be it a slightly smaller one than he was used to. After several months at the Centre he was able to re-establish contact with his daughter. Richard became a very good ambassador for the Veterans' Centre and one particular visitor who was introduced to him said he thought he would be able to offer Richard employment. The visitor was as good as his word and Richard received a phone call from the company the same day. He was successful with his subsequent application and interview. With assistance from the Family Liaison Officer he then also found independent accommodation. Richard is now living in a bungalow in the country and enjoying his job, whilst he still receives Floating Support from the Veterans' Centre, and is still very much part of the family.

HEALTH

100%

of clients were registered with a local GP and Dentist

100%

of clients improved or stabilised their physical health

90%

of clients improved or stabilised their emotional and mental health

Many veterans leave the forces with physical and mental health issues, which if left unmanaged can become debilitating. Staff members at the centre are trained to recognise these issues and liaise with healthcare professionals to ensure veterans get the help they need. In addition to this, we run a special mental health recovery program (MHRP). The mental health recovery programme aims to help protect and improve the mental health of Veterans as well as aid their transition into civilian life. It provides an introduction to various mental health topics, such as depression and anxiety, as well as how to manage them and maintain wellbeing. To date we have had 37 veterans attend the course, which is very positive. The results have been recorded on the outcome star (see page 14).

SUBSTANCE MISUSE

86%

of clients managed their substance misuse issues better. Veterans in need of support are often struggling with problems related to alcohol or illegal drugs alongside mental health issues. The Norcare Veterans' Centre provides a secure base from which veterans can engage with in-house staff and partner support agencies to address their substance misuse and get back control of their lives.



I was a mess, I didn't know which way to turn. The Veterans' Centre is my sanctuary, where I know that even when I'm having a bad day – there are people around that understand. MP



Jordyn's Story

Jordyn came to the Support Group after his Mum contacted the Veterans' Centre. He was only 19 at the time, but had already completed a tour of duty in Afghanistan. He had been medically discharged from the Coldstream Guards and had a diagnosis of PTSD, but was determined he wanted to go "back in". At first Jordyn was extremely quiet with both staff and other members of the Support Group, but despite saying very little and being significantly younger than the rest of the Group, he attended every session, and had separate sessions of NLP therapy.



The Family Liaison Officer visited Jordyn's Mum and was also able to have a chat with Jordyn. It was disclosed that Jordyn had not only been ambushed by Taliban fighters during his time in Afghanistan, but that in another incident he had stepped on a land mine which failed to detonate. There was definitely an inference that he is meant to be here, and that in no way could he be seen as a failure if he didn't go back.

Jordyn has since slowly come out of his shell and we often see a smile now. He has become a valued member of the Support Group and is living proof of the benefits of being put in touch with the Veterans' Centre before circumstances became too serious. He has received and taken advice on employment and health matters and he has come to terms with looking forward to a new life out of the Army. Jordyn was given a boost to his confidence this Autumn by being voted Player of the Tournament as a member of a Norcote 5 aside football team and this was no mean feat as there were 16 teams involved on the day.

MANAGING MONEY

Veterans often come to us with debts incurred as a result of substance misuse and a lack of money management skills. Our links with the British Legion help veterans to finalise their debt, before gaining the skills they need to budget successfully by working with our in-house staff.

We ensure that veterans receive the benefits and pensions they are entitled to so that they can make the most of their lives in the future.

100%
of clients maximised their
benefit income

88%
of clients reduced their debts
or had their debts cleared

66%
felt they were able to manage
their personal finances better

RELATIONSHIPS AND COMMUNITY

100%

of clients felt that they improved their social networks and personal relationships through connecting with family members, improving quality of relationships and increasing parental responsibilities.

At the Norcare Veterans' Centre we understand the importance of family and friends. That's why we put an emphasis on staying connected, be that by attending in-house support groups, organising family reunions or working with our family liaison officer to strengthen ties with others.

Marc's Story

Marc joined the Army in 1999 aged 21. His regiment was King's Own Scottish Borderers. He discharged after 9 years, in 2006, having served in Iraq and Northern Ireland.

In spite of finding a flat and a job quickly, Marc found civilian life and independent living difficult and stressful, and due to an incident which involved alcohol, he ended up in prison. Marc was found a place in a Salvation Army hostel but after another incident involving alcohol, he was asked to leave the hostel, then becoming homeless. When Marc contacted Norcare he was living under Byker Bridge with an occasional night on a friend's sofa.



Once he had settled into his new environment, we planned a programme of support which involved Norcare working together with a number of agencies.

Since then Marc's relationship with his family has improved vastly, with the help of Kim, the Family Liaison Officer. Within weeks of finding his sanctuary Marc was attending a residential course on rural life skills in Derbyshire. He has now also completed the Veterans' Course at Finchale College, a Forklift driving course and is currently on a Horticultural Course. Marc recently moved on and is now living independently in Durham until he finishes his course; however he maintains a link with Norcare through floating support. Marc may have needed a helping hand to set him on his journey, but he has grabbed every opportunity offered to him with both of his own, going from strength to strength.

Pauls Story



Paul served two years in the Army between the ages of 17 and 19. He married soon after joining up which contributed to Paul leaving the service in such a short time. In spite of a second marriage and spates of employment over the years, Paul fell into a peripatetic lifestyle involving crime, alcohol and drugs. He moved up and down the country, and served several terms of imprisonment. After many years of this lifestyle, he found difficulty living in any other manner.

During his last term in prison Paul was given support not only by Norcare, but also certain members of the prison staff. He says they treated him like "a person, not just a number".

This combination of support reinforced Paul's wish to finally turn his life around, as it reminded him that there are people who care. Paul says he sometimes feels "a bit of a fraud" being at the Veteran's Centre because his time in the Army was so short and so long ago. Paul may not have served a great length of time in the Army, but he is working through the same fundamental difficulties as any other Veteran trying to come to terms with a new way of looking at his life after years of being "different".

Due to his lifestyle Paul had completely lost touch with his family over the years, except for very occasional contact from his youngest brother when he was in prison. When he arrived at the Veteran Centre he hadn't seen his Mother or any other member of his family for nearly sixteen years.

Paul has been a great ambassador for the Veterans' Centre with visitors, including being presented to The Princess Royal during her visit to the Centre. With Kim's support he has now also visited his family in Scotland several times and spent Christmas with them, which would have only been a fantasy six months ago. Over the Christmas period Paul was informed that his application to help at a local charity for the homeless had been accepted, and his next step forward will be working in their warehouse - which is quite a lot of steps away from HMP Durham.

Paul Kemp, Resident

Paul's Poem

I was locked in a prison, huge concrete walls and barbed wire strangling my confidence, alone without hope unable to cope gradually sliding down a slippery slope. Who believes in miracles? Are there such things as guardian Angels? From a life or death situation came a complete transformation, I thought nobody cared, and I was spared, spared from the hopelessness and despair that had been so prominent, dominant even throughout my life.

I've changed, good people took a little time, a little thought and they rearranged my life, lessened my troubles, and reassured me that I wasn't worthless. Now I look at people differently with respect and admiration, mostly I admire the fact that they can see the good in people, in my life the bad always prevailed simply because people made me believe I was bad I never knew any different but I do now because now I'm richer than any millionaire.

I have things that no amount of money can buy confidence, self esteem, worth, respect for myself but even more importantly, respect for other people, especially a small band of very important friends. I think I can say that now because not so long ago, I would not have been comfortable using the word friends because I was a client. I still am a client but I do not feel that I am less of a person because of where I came from.

I would never have believed that so many quality people would come into my life in such a short space of time at my age in life and many times I have had to pinch myself and ask questions of my sanity "is this a dream. Have I died? NO! It's all very real and I'm so grateful to be alive. I really don't believe there will be many people who will be able to understand how less than twelve months ago I couldn't have cared less about life or death and how much life actually means to me now.

I have a life now, not only a life but possibly a future also; I'm being extremely brave and taking myself out of my comfort zone just by even imagining that I might live to enjoy a future with prospects. The core of my heart and soul, each and every one of you guys that live and work in the room under the stairs, I don't have to mention names you all know who you are.

Thank you all I won't let you down

ATTITUDES, BEHAVIOUR AND EMPOWERMENT

100%

of clients felt they better
managed offending
behaviours

100%

of clients stayed free
from offending

We believe that change can only happen in your life if you change the way you think. At the Norcare Veterans' Centre we give veterans the confidence and guidance they need to live life a different way. Veterans are supported to comply with probation orders and to take on new roles and responsibilities, so their life can take a positive direction

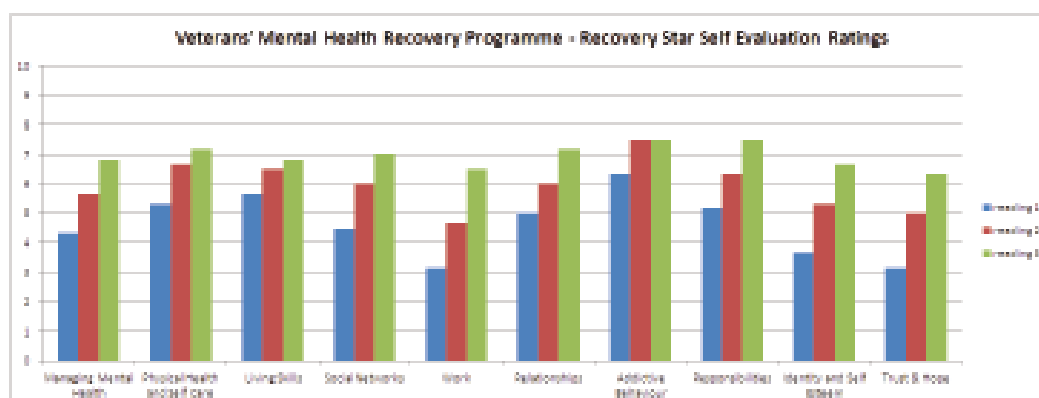


Veterans Mental Health Recovery Programme (MHRP) at the Norcare Veterans' Centre

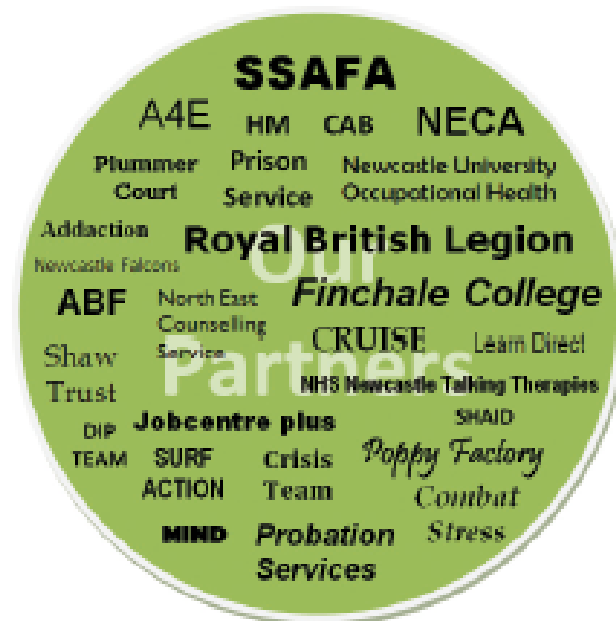
The Veterans Mental Health Recovery Programme aims to help protect and improve the mental health of Veterans as well as aid their transition into civilian life. It provides an introduction to various mental health topics, such as depression and anxiety, as well as how to manage them and maintain wellbeing.

The 37 attendees of the programme in 2011 rated themselves lowest on 3 areas of their life: work, identity, and the ability to trust others. Long term clients also showed the biggest improvement in these areas.

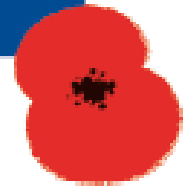
Data from long term clients from the first year of this program shows that the programme gives veterans the support they need where they need it most.



OUR PARTNERS



We have worked with 37 different partners to meet their holistic and individual needs.



Spotlight on... Newcastle Universities Occupational Health

Student occupational therapists worked to help each client develop skills and an awareness of strengths through personally meaningful occupations, and to form links with community groups.

They reported that 100% of Veterans improved their relationships, decision making skills, self calming skills, concentration and ability to set positive goals in the future as a result of the therapy. 75% benefited from increased confidence and improved their sleep patterns, and 100% reported that they felt supported and understood.



"I've enjoyed it immensely"

"It's something that I think everyone should go through"

(Occupational Therapy Clients)

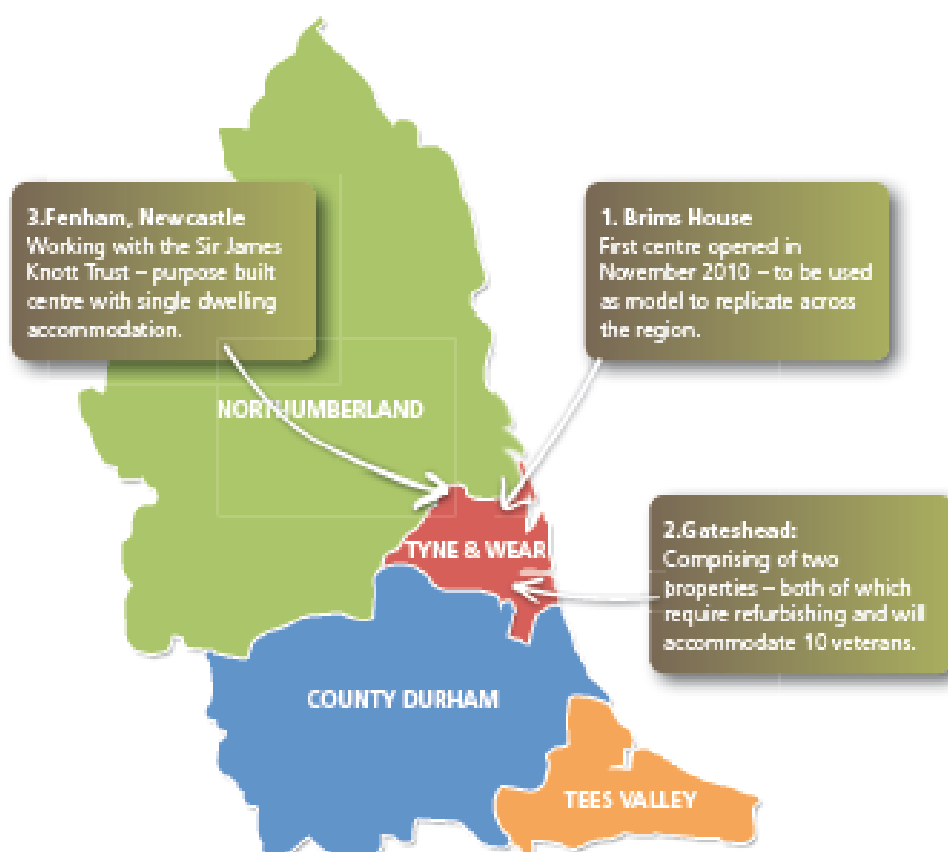


THE GROWTH PLAN

This brochure highlights the need in this region to replicate Brims House in other areas. Identification of the need and the ability to share some services has resulted in a view that second and third centres would be best located in Gateshead and a further one in Newcastle.

Our service model in Newcastle has proven to be a successful one already resulting in a number of recordable positive outcomes and the effective partnership working with a large

number of quality specialist services. Identifying suitable premises offers many challenges and raised numerous questions and we adapted a weighted chart which has helped identify the properties with most potential.



Reality is now my friend

My mind filled with fears, emotional profanity, startling images of inhumanity never looking into a mirror, scared to reflect, little or no self esteem, never feeling like the cat that got the cream. Pondering the inevitable gloom, waiting expectantly for my head to explode like an unattended pressure cooker "boom" why can't I concentrate? Always willing to contemplate - contemplate what? Negative negotiations going round and round in my head, do I want live this nightmare or would I rather be dead? I used to have all the answers, simple solutions, get drunk, get stoned, no need to consider the consequences, who cares?

That was then, this is now. Life for me has changed, more smiles hardly a furrow in my

brow, and interaction is paramount. I get through every minute of every day with much more ease come what may. Instead of worry and too much contemplation of the negative sort, I asked for help which is there for me, counselling and therapies, no destruction of morale, positivity, much more creation, even elation, help is in hand in any situation, confidence is high, self esteem is higher, anxiety is less prevalent.

I live life at a steady pace, never in a hurry, never in a race. There are answers out there, people who care, I'm doing the right thing now. I can sing - sing the praises of the people who have and still help me through life's little phases.

Paul Kemp, Resident



The Norcare Veterans' Centre, 87 Bentinck Road, Newcastle, NE4 6UX Tel: 0191 5979028

Norcare would like to acknowledge and thank the following serving communities for their past and continued support in 2011





Registered Charity Number: 515150
Company limited by guarantee 1810498
www.norcare.co.uk



Appendix 7-The Norcare Veterans' Centre Outcome Report 2011: Brims House





**NORCARE WORKED WITH
OVER 500 CLIENTS
LAST YEAR, OF WHICH
267 LEFT SUPPORT AND
ACHIEVED INDEPENDENT
LIVING**


norcare
a better place to be

Professional Photography By Scott Scully - www.scottscully.co.uk
Designed and produced by Barkingdog design and layout - www.barking-dog.co.uk

OUR VISION:

Improving Lives,
Developing
Independence.

OUR MISSION STATEMENT:

Working together to
empower people to live
independently in our
communities.

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FOREWORD

The past year has been one of the most challenging in Norcare's history. We've faced significant cuts to our funding at a time when our services are needed more than ever.



With the economy suffering the worst recession in decades, people have been turning in increasing numbers to charities like Norcare for help.

We believe as fervently as ever in doing what we can to support these people but the restrictions placed upon us have meant we have had to be increasingly flexible in our approach. We are not prepared to stint on the quality of service we offer so have had to look at ever more innovative ways of delivering more for less money.

At Norcare we know that what we do works but we also recognise the need to prove this. A lot of effort has gone into developing systems that enable us to quantify the difference we make, to measure the distance a client travels on their journey with us. This gives us the evidence to show how the work we do is changing people's lives.

But we are not prepared to reduce people to mere statistics; this is not what Norcare is about.

As the sector increasingly focuses on cost and delivering value for money, there is a danger we lose sight of our true objective. Norcare's priority remains making a real difference to the life of an individual. Our new systems should help us demonstrate our success but also show us how we can continue to improve the quality of our services and make sure Norcare is truly a better place to be.

**SUSAN BICKERTON –
CHIEF EXECUTIVE**

ABOUT NORCARE

**WE HELPED OVER
500 CLIENTS ACROSS
THE NORTH EAST
IN 2011-12**

NORTHUMBERLAND

- Northumberland Accommodation Project

TYNE AND WEAR

- North Tyneside Substance Misuse Project
- North Tyneside Ex-Offenders Project
- Newcastle Substance Misuse Project
- Cumberland House
- Wavelength
- The Norcare Veterans' Centre
- Wearside Tenancy Support Project
- Toward Road Accommodation Project
- Gateshead Substance Misuse Project
- Gateshead Tenancy Support Project
- Gateshead Young People's Project
- Gateshead Ex-Offenders Tenancy Support
- Gateshead Accommodation Project
- Gateshead Ex-Offenders Accommodation
- South Tyneside Accommodation Project
- South Tyneside Supported Accommodation Independent Living

COUNTY DURHAM

- Stone Meadows
- Kairos

OUR APPROACH BETTER PLACE TO BE STRATEGY

Norcare boldly claims that we are 'a better place to be' and we genuinely believe this to be true.

Working in the support sector since 1981 we have an impressive track record and a wealth of experience to draw upon. But this does not mean we rest on our laurels. At Norcare we recognise that each person we support will have a different set of needs and circumstances. We work hard to understand the individual and we are constantly innovating to make sure we provide the best possible support to fit their needs.

BETTER FOR OUR CLIENTS

The client is at the heart of everything we do and this is why every client who comes to Norcare is made The Norcare Promise. This is the name given to our comprehensive package of support and is designed to help clients in all aspects of their lives. We know from experience that it is not enough to provide a roof over someone's head,

they often need help to tackle underlying problems or to learn the everyday skills to lead happy, independent lives.

We work closely with each client to tailor a programme to fit their needs. They can pick and choose between the services they access and this means we can offer a targeted programme to help them reach their goals.

BETTER FOR OUR HOUSING

Having a safe and stable home is key to living a happy independent life. We are committed to providing clients the highest possible standard of accommodation in a setting that is right for them. We are constantly reviewing our properties and working to improve them so that our clients can feel proud of where they live and have a place they can genuinely call home.

OUTCOMES REPORT 2012

BETTER FOR OUR PEOPLE

We recognise that we couldn't do the work we do without the continued hard work and dedication of our staff. Our people are our most valuable asset and we believe in supporting and developing them to help take the organisation forward. The Norcare People Promise outlines our commitment to them and how we strive to be a better place for staff and clients alike.

As we move forward we are always looking at how we can do things better. We are always ready to embrace new techniques and we appreciate the need to constantly adapt both to the needs of the client and to the environment around us. We know that if Norcare is to continue as a better place to be we must always look to improve what we do while never losing focus of our three core objectives.



OUTCOMES REPORT 2012

TIMELINE

Review and Introduction of re-vamped internal review audit system –embedding ethos of continual improvement



The Byker Community Garden Launch in partnership with The Byker Centre - Norcare Social Enterprise arm

April
2011-
April
2012

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER



Royal Visit by Princess Anne to the Veterans Centre



WORKING IN PARTNERSHIP

To achieve positive outcomes for our clients, it is vital to identify and source additional support from other agencies as well as working directly with each person. This ensures a holistic package of care is provided based on individual needs. In 2011-12 Norcare worked in partnership with over 150 different organisations across the North East.



OUTCOMES: OUR APPROACH

We know we make a difference to the lives of our clients, and we want to prove it.

However, demonstrating outcomes is about more than just measuring the distance travelled by our clients.

By being clear about the vision, mission and objectives of Norcare, we focus on the reason we are here and the way we support those who need our help.

By measuring outcomes we ensure we keep The Norcare Promise we make to all our clients.

7 PATHWAYS

We use a framework of 7 pathways to structure the support we provide and the outcomes we demonstrate. These 7 pathways identify areas where support is needed to empower our clients to live independent lives.

WHY 7?

The 7 pathway framework was developed by the National Offender Management Service, but has been widely adopted by the support sector. We worked with Juila Nobari, a PhD student from Newcastle University's acclaimed Business School to develop an outcomes framework within Norcare. With her advice we adopted the 7 pathways to guide both the delivery and reporting of our services.



11

LIVING AND ACCOMMODATION

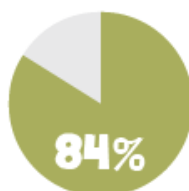
Having a place to call home is essential for a happy and stable life. Ensuring our clients have a safe and comfortable place to live is at the heart of what we do.

People need our help with housing for a host of different reasons. Some are fleeing domestic violence while others have just been released from prison. We work closely with every single client to find the right sort of accommodation for them and we help them gain the skills to manage their own property when they gain independence.

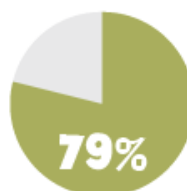
We provide mediation with landlords and housing associations and address the behavioural and financial issues that can lead to a cycle of eviction and homelessness. Community integration is also a focus, and whether our clients are new to the area or a long term resident, we'll help them to get out into the community and develop a sense of belonging.

WHAT WE HELP OUR CLIENTS DO:

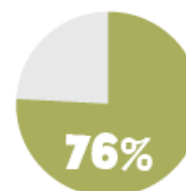
- Essential household management
- Access financial grants for household goods
- How to be a good tenant
- Find and keep a new home
- Move house
- Travel independently in the area
- Basic self care and personal administration
- Health and safety



of our clients completed support in a planned and managed way



of our clients stabilised or increased their ability to manage their home and living arrangements



of our clients maintained or improved their ability to deal with everyday living issues

LILY'S STORY

As a child Lily suffered abuse at the hands of a family member.

When she came to Norcare her abuser had recently moved into the area where she was living. She was vulnerable, frightened and under so much stress that she'd stopped eating.

Lily needed to be safely re-housed in an area away from the risks posed by family members. She also needed support to address debt and benefit issues, to develop daily living skills and to improve her physical and mental wellbeing.

Lily engaged well with her support from the start. She moved into an independent Norcare property and, thanks to the help of charitable grants, she was able to fully decorate her new home.

She worked with Norcare staff to improve her money management skills and develop a budget to control her finances. She also worked with our health and wellbeing team to help her improve her diet and with our Norcare learning officer to help her back to college.



When she left Norcare Lily was a capable and healthy young woman who was steadily growing in confidence and moving forward from her troubled past.

**NORCARE PROMISE -
HOUSING SUPPORT**

**GROWING IN
CONFIDENCE AND
MOVING FORWARD
FROM HER
TROUBLED PAST**

LEARNING AND WORK

Most people who come to Norcare for support have been out of work for over a year and many have few or no qualifications.

Many young clients have grown up in the care system or come from households where reliance on state benefits is the norm. Often, the people we support have never developed a healthy work ethic and see the prospect of losing benefit entitlement in exchange for minimum wage as a poor deal. A lack of confidence and a sense of helplessness often compound these issues creating a barrier to learning or employment.

Access to employment, training and education is a key part of The Norcare Promise. We take a holistic approach to work and learning, helping clients to improve their motivation and self-confidence and access training to develop

their skills. For those who are ready we signpost vocational training and we encourage clients to get involved in our various volunteer schemes to give them practical experience and skills they can take into the world of work.

WHAT WE HELP OUR CLIENTS DO:

- Access education, training and employability support
- Get support from our volunteer mentors
- Get into work
- Achieve personal goals
- Become a volunteer



13 clients achieved formal qualifications to enhance their job prospects

11 of our clients found employment

34 of our clients learned new skills on Norcare courses

At the time of writing, the North East currently has the highest level of unemployment in the country, at 10.8%.*

*source: Office for National Statistics

PAUL'S STORY

Paul was struggling with drug misuse and homelessness when he first came to Norcare.

His relationship with his partner had broken down and he was being refused contact with his children. Paul was anxious and confused and could see no clear future for himself.

After moving in with his brother, Paul was keen to get a job and earn some money. But he had been out of work for some time and didn't know how to go about this. The Norcare employability team helped Paul tackle the challenges step by step, firstly encouraging him to attend a Norcare confidence course to boost his self-esteem. Paul went on to complete courses in literacy, numeracy and I.T. and volunteered at a nature reserve to gain some practical experience.

Paul now has a job working in production at a local factory. He is back in contact with his children and hopes to gain custody. He also hopes to secure a new house and is looking forward to the rest of his life.



**NORCARE PROMISE -
EMPLOYMENT, TRAINING AND
EDUCATION, GETTING INVOLVED AND
HAVING FUN**

HEALTH

Our physical and mental health is essential to a stable and happy life.

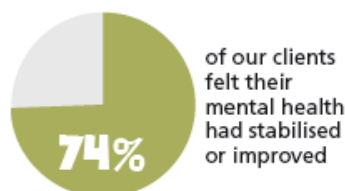
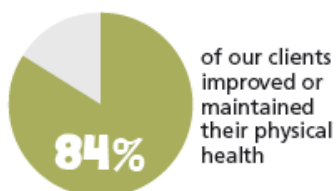
It's no surprise then that both physical and mental health problems can cause social and economic exclusion, which in turn can exacerbate ill health: a vicious circle. Health issues, unemployment and substance misuse are closely interconnected, meaning that mental and physical health needs cannot be considered in isolation.

Our clients often prioritise cigarettes and alcohol over healthy food. They frequently lack the confidence to make a change and break away from an unhealthy lifestyle. Mental health issues such as depression and anxiety go hand in hand with these lifestyles. Where mental health is the primary barrier to independent living, our staff work closely with mental health support teams to provide specialised support.

We also help all our clients to become more active, look after their health and adopt a balanced diet.

WHAT WE HELP OUR CLIENTS DO:

- Access medical and dental services
- Improve their diet
- Stop smoking
- Get out and about
- Engage with mental health support services
- Develop coping strategies



The North East has the highest percentage of adult smokers and binge drinking in the country. It also has the lowest percentage of healthy eaters.*

*source: The network of Public Health Observatories, Regional Profiles 2010

LEE'S STORY

When Lee came to Norcare he was struggling with mental health issues and was in the process of gender reassignment.

As a very heavy smoker Lee was hindering his recovery from gender reassignment surgery and for the sake of his health, he was keen to give up.

Norcare's health and wellbeing advisor met with Lee to discuss the NHS 12 week quit programme with him and Lee was determined to give it a try. It was a struggle but thanks to weekly visits from the Norcare health and wellbeing advisor as well as support from family, Lee had the strength to succeed.



LEE IS NOW DELIGHTED TO BE LIVING A NICOTINE FREE LIFESTYLE AND HOPES THIS WILL SPEED HIS RECOVERY AND BE THE START OF A NEW AND EXCITING FUTURE.

ANTHONY'S STORY

Anthony came to Norcare following a four year spell in a psychiatric unit.

He had been diagnosed with schizophrenia and suffered anxiety, paranoia, hallucinations and depression. He had a tendency to relapse and needed additional support on release to help him adapt to living a safe, happy and independent life.

Initially Anthony struggled with basic communication and was reluctant to give a full impression of his state of mind. However Norcare staff worked closely with Anthony to gain his trust and help him open up.

Norcare liaised with mental health and drug and alcohol professionals who supported Anthony through his ongoing treatment, helping him manage his medication and hospital appointments. Norcare staff worked closely with Anthony to help him improve his self-awareness to make safe and informed choices in his everyday life. Working with his care team and Norcare staff, Anthony was given a gradual discharge from his medical support to ensure he was no longer a risk to himself or the community.



Anthony also needed support to make the transition to living outside an institution. Norcare staff worked closely with him to help him understand and effectively manage his finances. He opened a bank account for the first time in his life and is now paying all his bills on a regular basis.

He has taken up exercise and is involved in a regular walking group and football team, and he is also working as a volunteer mentor to help others struggling with mental health issues.

Anthony has made tremendous strides towards his future. He is successfully managing his tenancy and his finances, he actively engages in support services and keeps up with his medication. He is also looking forward and hopes to enrol in a plumbing and decorating course to help him work towards future employment.

**NORCARE PROMISE -
ACCESS TO MEDICAL SUPPORT,
HEALTH AND WELLBEING SUPPORT**

SUBSTANCE MISUSE

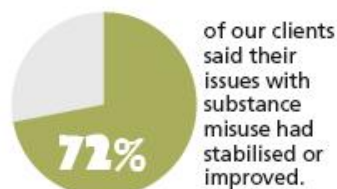
Helping people manage and overcome issues with substance misuse can be a complex job.

Drugs and alcohol are often used as a "crutch" to support people with a range of other physical, social and psychological needs. Understanding the whole picture is essential to helping the individual and supporting their family and friends. Norcare provides regular contact from a friendly face to help people find a way of managing their problems, and make sure that they engage with the specialist substance misuse support they need.



WHAT WE HELP OUR CLIENTS DO:

- Stabilise and reduce drug and alcohol misuse
- Access specialist support
- Change misuse habits
- Access medical support



The North East has one of the highest rates of serious drug abuse in England, with more than 1 in 100 people estimated to use crack cocaine or opiates.*

*source: The National Treatment Agency for Substance Misuse

Alcohol related harm is estimated to cost the NHS in England £2.7 Billion annually*

*source: The Health and Social Care Information Centre, 2011

PAUL'S STORY

The beginning:

A proud born and bred Geordie, I worked and studied hard in my career as a pro musician, working home & abroad, tours, and studio sessions with high profile artists. I had a wonderful family, two great kids and was about to give us security with a mortgage and home, everything I strived for.

The middle:

My career fell into incredible bad luck, deaths of friends and I eventually split from my family. My valuable instruments were stolen and I lost more than I can write on paper. Every purpose I had; gone. Falling into a gradual depression coupled with a change in drinking, I became a different person. I moved to casual labour for many years and I became reclusive, blocking out family and friends, ashamed of what I had become. When contact with my children became minimal and work dried up, living on the streets - I was lost.

The end:

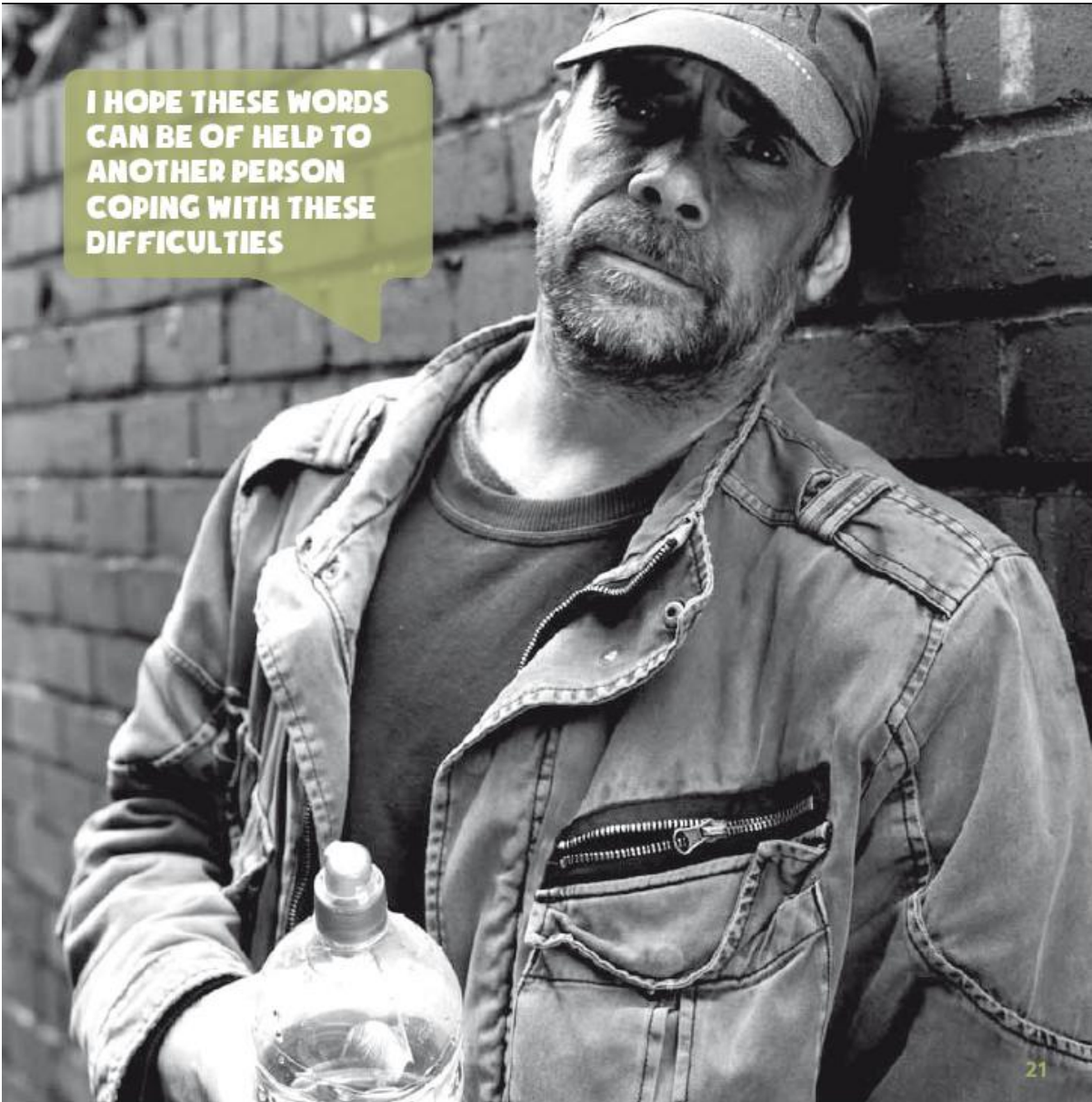
I returned to Newcastle a broken man, heavily depressed and alcohol my solace. I was taken in by my parents who struggled

to understand who this person was; miserable, blind drunk, in and out of hospital and police cells. They sought help - I couldn't - with drug & alcohol misuse service P.R.O.P.S. who referred me to Norcare. I received accommodation, essential for both me and my parents, but the key was "the support," putting me in the right direction for my heavy alcohol misuse and very importantly counselling for my then suicidal depression. The professional care and support from Norcare and the guidance I received to seek other support is simply the reason I am able to write this today.

The new beginning:

I am about to move into my own independent accommodation. I have good relationships with my family & friends again. I've made many good breakthroughs with my counselling for depression and alcohol misuse, which I still attend, and now view life with optimism once more. I am ready to start again. I hope these words can be of help to another person coping with these difficulties, and that they get the chance, like me, to move on with support from Norcare.

**I HOPE THESE WORDS
CAN BE OF HELP TO
ANOTHER PERSON
COPING WITH THESE
DIFFICULTIES**



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MANAGING MONEY

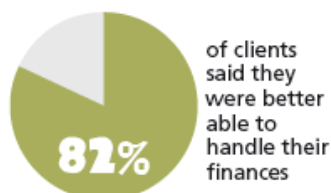
Being able to budget and spend wisely is essential to living an independent life.

However, most people who come to Norcare for support are unable to successfully manage their finances. Our clients may have come from prison, the Armed Forces or just been made homeless, and have little experience in money management. To access benefits they need to fill in forms that they often find confusing and many fall into a cycle of debt and short term loans, prioritising cigarettes and alcohol over essentials like bills and food.

Addressing finances is one of the first things we do with our clients. We maximise their benefits, arrange debt payment plans and in some cases have debts written off. We work in partnership with a range of financial



services to ensure our clients receive the best advice for their situation. We then start to coach them on money management, helping them learn how to budget, how to prioritise their spending, and how to access grants, ensuring they have the skills they need to stay independent.



WHAT WE HELP OUR CLIENTS DO:

- Budget for independent living
- Get the benefits they are entitled to
- Repay debts
- Resolve legal issues
- Access financial advice & support

MARY'S STORY

Mary was in an abusive relationship and had three children when she moved to the North East.

Following a heart attack and two brain haemorrhages, Mary developed learning difficulties and turned to alcohol to help her cope. As Mary's condition worsened, her marriage broke down and her children moved out.

Mary was alone and vulnerable and those around her quickly took advantage of her situation using her house as a drinking den and taking money from her. Mary became involved in criminal and anti-social behaviour related to her drinking and her house steadily fell into a terrible condition putting her at risk of eviction.

When she came to Norcare Mary needed support to quit drinking, to manage her tenancy and her finances, as well as to free her from the abuse of others. It was a slow process but Mary gradually began to



recognise the way she'd been manipulated by those around her. She agreed with her support team to have her finances controlled by social services to ensure that others were unable to get hold of her money and her arrears could be paid. She was also supported to access help from the council to pay for her shopping.

Mary has now stopped drinking and due to her progress, she has been re-housed by the council in a smaller property. She was supported by Norcare staff in setting up the utilities and furnishing the property and has also worked with them to develop a weekly shopping budget. Mary has taken control of her life and now lives free from alcohol and free from the abuse of others.

**NORCARE PROMISE -
MONEY MANAGEMENT**

RELATIONSHIPS AND COMMUNITY

People who struggle to maintain their independence are often isolated within their community and vulnerable to abuse.

They can be engaged in destructive or abusive relationships or have relationship issues with their family. People who have left prison often face additional stigma and may struggle to integrate within their community.

When we begin working with clients, we assess the risks posed to them by any destructive relationships and take steps to ensure their safety.



Understanding their relationships is a vital step to understanding their needs and the way they engage with the world around them. Staff work with clients to gain their trust before supporting them through formal counselling, group activities and eventually an independent life in their own communities.



WHAT WE HELP OUR CLIENTS DO:

- Build relationships
- Stay safe
- Mediation
- Community integration
- Develop good parenting

LEANNE'S STORY

I was fleeing from an abusive ex-partner when I first moved in with Norcare.

I had never been in a refuge before and didn't know what to expect but my children and I settled in straight away.

On my first day my support officer explained all about the service and helped me claim for housing benefit and change my address. She also helped me enrol my children in school and register them with a GP. Together we emptied my old house and I surrendered my tenancy. I was so grateful for this support.

My support officer talked with my probation officer who allowed me to attend probation appointments in the refuge. He is really pleased with my progress and I have not re-offended since moving in. I have also attended counselling sessions at the refuge to help me understand why I offend as well as a course all about domestic abuse.

I really like my support officer, she is easy to talk to, knowledgeable and supportive.



She has helped me build and maintain friendships in the refuge and helped me to build my confidence and self esteem. I can't imagine what my life would be like now if it hadn't been for Norcare.

I CAN'T IMAGINE WHAT MY LIFE WOULD BE LIKE NOW IF IT HADN'T BEEN FOR NORCARE

**NORCARE PROMISE -
ACCESS TO COUNSELLING AND
FAMILY SUPPORT. GETTING
INVOLVED AND HAVING FUN**

ATTITUDES, BEHAVIOUR AND EMPOWERMENT

Developing a positive attitude to life is empowering.

Many of our clients are disempowered and have a negative attitude towards themselves and others, doubting that they have the ability to make a change in their lives. They can be trapped in cycles of offending and prison and see no way to make a different life for themselves. Norcare support is designed to boost clients' motivation and change their outlook on life, helping them to move towards successful independent living.



WHAT WE HELP OUR CLIENTS DO:

- Develop a proactive attitude
- Engage with support services
- Stay free from offending
- Attend court
- Have a voice in the community
- Influence the way Norcare gives support



of our clients
boosted their
motivation



of our clients
reduced or were
free from offending

WAYNE'S STORY

When I first came to Norcare I was in a really bad way.

I was using too much alcohol, too many drugs and was in trouble with the police for begging. I didn't like the place I was staying and was on the verge of ending up on the streets or somewhere worse still.

After moving in to the Norcare hostel, the staff supported me through several detox programmes. It was a struggle and I relapsed a few times, but my support officer was so patient, listening and encouraging me to become more motivated and have a more positive attitude. She helped me fill my time with things to keep me occupied and I got involved with Norcare events, gardening programmes and painting and decorating.

I no longer use drugs or misuse alcohol and am now in my own flat. I keep fit and I'm actively looking for work. I'm in a better place by far and I'm looking towards the future.



**I'M IN A BETTER PLACE
BY FAR AND I'M
LOOKING TOWARDS THE
FUTURE.**

**NORCARE PROMISE •
REPRESENTATION AND HAVING
A SAY, GETTING INVOLVED AND
HAVING FUN**

OUR SUPPORT PLANS

Our clients want to change things about their life, but they don't always know where to start.


That's where Norcare can help. Our staff build a picture of what a client needs, and how they would like their future to be through discussions with them, their family and other agencies involved in their support.

We encourage our clients to face their challenges head on, and by placing the client at the centre we ensure that each plan is tailored to the individual and helps clients achieve goals that really matter to them - one step at a time.

LONG TERM GOALS

In 2011, we took a step forward with electronic support plans. These allow our staff to record our clients' goals and track their progress, no matter how long it takes to achieve them.

This means our clients can see and be encouraged by every achievement they make.



**"NO ONE PLANS
TO FAIL, THEY
JUST FAIL TO
PLAN."**

ANON

SAVING PUBLIC MONEY

- Norcare worked with over 500 clients last year. 267 left support during this time and moved on to stable, independent living.
- The cost to support a client to achieve independent living varies greatly depending on a client's individual needs. In 2011-12 the average cost for clients reaching independent living was £5620. Is this good value for money?
- 45 of the clients we moved on to independent living in 2011-12 had an offending background. Reducing re-offending and the rehabilitation of offenders is of great value to the public. The Ministry of Justice estimate the cost of imprisonment alone at £37000 per year.
- Norcare supported 62 people with alcohol dependency needs to achieve independent living last year. A dependent drinker costs the public an average £2,300 each year in healthcare costs alone.
- Drug Misuse was a primary need for 32 of the clients we moved to independent living in 2011-12, although serious misuse forms part of many clients' needs. The estimated costs of serious drug misuse vary from £13,500 - £26,000 every year.



**THE AVERAGE COST
FOR CLIENTS REACHING
INDEPENDENT LIVING WAS
£5,620**

**COST OF
IMPRISONMENT
ALONE AT
£37,000
PER YEAR**

SOURCE: WWW.JUSTICE.GOV.UK

**A DEPENDENT
DRINKER COSTS
THE PUBLIC
AN AVERAGE
£2,300
EACH YEAR**

SOURCE:
WWW.ALCOHOLCONCERN.ORG.UK

**COSTS OF SERIOUS
DRUG MISUSE VARY FROM
£13,500 - £26,000
EVERY YEAR.**

SOURCE: WWW.NICE.ORG.UK

CLIENT INVOLVEMENT

Getting out of the day-to-day environment is particularly important for our clients with some of the challenges they're facing.

At Norcare we encourage our clients to get involved in activities outside of their home. We run a range of regular events to encourage them to make that first step and clients can vote for the activity they'd like to do. Country walks are always popular. Many like the physical challenge as well as the social aspect of walking together in a group. It also offers the chance to learn about nature or the history of our region.



CLIENT EMPOWERMENT

We strongly believe in empowering clients to make their own decisions. This belief underpins everything we do.

By giving clients the tools and the confidence to make their own choices we are laying the foundations for future independence and enabling them to become valued members of the community.

Client Forum: Clients can have a say in the running of Norcare, our policies and procedures. They can also form new friendships with clients from other projects and have fun!

ACE Trainee: Our training programme gives clients the opportunity to train as a Norcare Support Officer. Our first trainee now has a full time job in the sector!



Client led support groups: Ruth leads an alcohol misuse support group at our Kairos project.

Norcare Veterans' Centre Fundraising Pilgrim Walk: Veterans and staff walked a stretch of Pilgrims' Way to holy island, raising over £1000. One resident cooked a much needed barbecue afterwards!

Kelly running the "Toward Road Tuck Shop!"

Mentoring Skills Course: A request from the client forum! The course explored the role of a mentor, issues around equality and diversity, professional boundaries, confidentiality, communication skills and goal setting.



Gibside Hall Allotment: This gives clients the opportunity to enjoy and learn about gardening. One of our clients was awarded a certificate in horticulture from the National Open College for his work at the allotment.



Ex-Client Paul climbed to Everest Base Camp to raise money for Norcare!

Byker Garden, in partnership with The Byker Centre: Springing into life last September, this vibrant community hub is in the heart of the Byker wall and offers recreation, arts and social opportunities.

OUR PEOPLE MAKE THE DIFFERENCE

At Norcare we know that it's our people who make the difference. It is only through a skilled and motivated workforce that we can deliver the outstanding quality support we demand of ourselves. It is therefore essential we provide staff at all levels with the tools and opportunities to become empowered and dynamic decision makers and that we allow them the flexibility that is so important in this challenging climate.

We have invested heavily in our workforce during 2011-2012 with key highlights including:

TRAINING



CIH Accredited
Company

- **Bespoke Leadership Development Programme** – in association with McKechnies April 2011 – Oct 2011
- **Personal Development Programme (open to all staff)** – Norcare is accredited to deliver The Chartered Institute of Housing L3 Certificate in Supporting People in the Homeless Sector. The first programme started in March 2012.
- **New Starters Programme** – Helping new staff to achieve a L2 Certificate in Housing. Five new starters achieved this in 2011.

STAFF EMPOWERMENT & INFLUENCE



Best
Companies
2012

Norcare came 83rd out of 100 in the Best Places to Work in the Not For Profit Sectors 2012.

Norcare held two staff events in 2011 to bring together the whole organisation. Both days focused on the feedback from the Best Companies Survey completed by staff. They helped the organisation concentrate on what was going well and how it could improve further.



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*'Thank you I had a fab day. I benefit so much from these events.
They completely motivate me'*

OUR YEAR FROM CORPORATE SERVICES

The newly established corporate services Team - "The Norcare engine room" - geared up for a challenging year of unprecedented funding cuts and transformational change. We met the challenge head on and our successes have included:

INVESTING IN QUALITY

- Establishing and training front line delivery teams on our new InForm system to "prove and improve" all our services
- Creating and publishing our first Outcomes Reports, first for our veterans' services and now for Norcare as a whole, promoting and sharing how we are "Improving Lives, Developing Independence"
- Refreshing our internal review system to improve standards and share best practice

INVESTING IN OUR PEOPLE

- Comprehensive restructure of all roles to cut costs whilst investing in roles to secure our future and quality provision
- Developing and delivering our bespoke "people promise" as acknowledged by achieving IIP Gold during 2012
- Engaging and developing our people through a leadership programme and an accredited professional development programme, achieving recognition as a "Best 100 Not For Profit Organisation" by The Sunday Times



INVESTING OUR FINANCES WISELY

- During unprecedented funding cuts, we drove value for money across the organisation, implementing central procurement, challenging costs and saving £44k from energy cost in harmony with our environmental policy
- Significantly improving our financial planning, enhancing our decision making and ability to navigate through challenging times
- Developing financial procedures to improve our sustainability on essential funding such as housing benefit and for our unique veterans programme
- Developing governance and effective working with our board through working groups and comprehensive reporting

Individually the above investments are good news but collectively they have put us in a much "better place to be" for long term returns from the "engine room" of Norcare!



**DIANNE FLEMING –
DIRECTOR OF CORPORATE SERVICES**

FIT FOR THE FUTURE – NEXT STEPS



Despite the challenges facing the sector, Norcare has helped more than 500 clients to rebuild their lives over the past year.

But we are constantly looking to improve, and over the next twelve months we hope to introduce a number of innovative new models of support, working with local authorities to deliver outstanding value for money while always keeping the client at the heart of everything we do.

CASE WEIGHTING

Case weighting is an innovative new tool to help Norcare manage the staff client relationship. While in the past contracts stipulated the ratio of clients to staff, the new model assesses their risk and gives each client a corresponding score. Staff may then work with a flexible number of clients, based on their combined weighting score.

The new model is based on need, ensuring a targeted response and allowing staff the flexibility to devote more time to the clients that need more support. In this way it delivers excellent value for money.

OUTCOMES REPORT 2012

Commissioners can see how much money has been spent on a client and over how long a period.

ACCOMMODATION

We are constantly working to improve our accommodation offering and we plan to complete the full audit of all Norcare accommodation in the coming months.

We have already completed the review of Norcare post-support properties and made significant improvements.

We will continue to work in partnership with registered social landlords (RSLs) to complete the review of our other properties and carry out any improvements as well as to provide any new accommodation or the development of new sites.

Following the success of our first bespoke service for veterans, we are currently developing further centres in Gateshead, Newcastle and Sunderland which we hope to open in 2012-2013.

PERSONALISATION

Norcare has been looking at adapting this concept, developed for use with the elderly, to see how it could enhance our service delivery model. This has meant looking at how we individualise and tailor support to meet specific client needs to ensure we find the right solutions for every single person we help.

FLEXIBLE WORKFORCE

We are also looking to introduce more flexible working practices such as zero based contracts which will mean our staff are paid specifically for the hours they do. This will enable staff to adapt and respond to the changing needs of clients, ensuring they dedicate the time needed for each individual.

NORTH TYNESIDE CONTRACT

Norcare has been awarded a pilot contract in North Tyneside to deliver a service based on our new case weighting model. Trained staff will implement this model and client outcomes will be continuously monitored and reviewed.

Over the next six months we will work closely with the teams and their relevant local authority to introduce the case weighting model in all Norcare schemes.

TELECARE/IT PROVISION

The introduction of person-centred technologies or telecare will help maximise Norcare resources. As part of our continued work to improve our accommodation offering, we will ensure all new accommodation has adequate IT provision and technology such as intercom pads to connect with the out of hours crisis team.

**NIKKI WHEELER –
DIRECTOR OF SERVICE DELIVERY**

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ACKNOWLEDGEMENTS

We are extremely grateful to all the organisations that have provided financial support to Norcare over the past 12 months. In these difficult economic times your contributions are particularly welcome and without your help we would not be able to do what we do. Thank you!

We would also like to thank all those who made private donations or who gave money via our Just Giving link, and all staff, clients and volunteers who have raised money for us over the past year. Events ranging from bungee jumps and Everest treks to sponsored walks and raffles have all helped generate funds and we thank everyone for their tremendous efforts on our behalf.

Our thanks must also go to all the Supporting People teams who have continued to fund our local authority contracts, and to all partners and staff for their continued hard work and dedication. Finally we'd like to say a big thank you to our clients for the determination and enthusiasm they put into their support and for their suggestions that help us to improve and ensure we are always aspiring to do better.

THANK YOU!

- ABF The Soldiers' Charity
- The Royal British Legion
- Garfield Weston Foundation
- The Barbour Trust
- The Fifth Battalion The Royal Regiment Of Fusiliers
- Christ's Hospital in Sherburn
- Greggs Foundation
- Voices Together
- Amble & Warkworth Rotary Club
- Malcolm Toft
- St Johns PCC Shotley
- Brothers in Arms



WWW.NORCARE.CO.UK



Gold



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